14785 Preston Road, Suite 550 | Dallas, Texas 75254
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Notice of Independent Review Decision

DATE OF REVIEW: 10/10/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 HOURS OF CHRONIC PAIN MANAGEMENT FOR THE CERVICAL SPINE AND SHOULDER.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

M.D. Board Certified in Physical Rehabilitation and Pain Management.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

IMedReviews
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INFORMATION PROVIDED TO THE IRO FOR REVIEW

Document Type	Date(s) -Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	9/19/2011
Utilization Review Determinations	8/31/2011-9/05/2011
Responses to Denial Letter Treatment Progress report Initial Diagnostic Screening	6/10/2011-8/31/2011 8/15/2011 6/01/2011-6/23/2011
Chronic Pain Management Program Patient Treatment Goals and Objectives Notes	6/07/2011-8/25/2011
Rehabilitation Physical Performance Evaluation General Examination	5/18/2011-8/25/2011 4/11/2011
Dr. Patient Notes	8/02/2011
M.D. Office Visit Notes	3/01/2011-11/30/2010
DC Office visit Notes	2/28/2011-9/10/2011
Mental Health Evaluation Goals/Plan/ Justification	
Hospital Operative Report	10/08/2010

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient was injured on xx/xx/xxxx and has had a 9-year history of pain. He had several surgeries to the shoulder. He completed 15 sessions of a chronic pain program in 2008. The notes indicate there was a fall in 2010 with a complaint of neck pain that led to a cervical fusion on 10/8/2010 by Dr. He then was approved for an additional chronic pain program in June of 2011. Prior to the program he stopped his narcotics as he was not able to get them. They were restarted in the CPP. The notes indicate that his pain perception decreased from 42 to 28, his neck pain decreased from 36% to 30% and his fear beliefs decreased from 21 to 18. He is at a Medium PDL, his job is Heavy. There are no plans for him to return to his previous job and he has explored vocational opportunities (and made plans to complete the GED). His medications include hydrocodone, captopril, glipizide, HCTZ and aspirin. There is a request for 10 more days of a CPP.

Anti-depressant and anti-anxiety medications were not addressed in the CPP. Medication usage was not addressed as outlines in the CPP guidelines. He has diabetes and hypertension, and is 5’10”, 315 pounds.

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ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

According to ODG guidelines, chronic pain programs are recommended where there is access to programs with proven successful outcomes, such as decreased pain and medication use, improved function and return to work and decreased utilization of the health care system. There should be evidence that a complete diagnostic assessment has been made, with a detailed treatment plan of how to address physiologic, psychological and sociologic components that are considered components of the patient's pain. The patient should ***show evidence of motivation to improve and return to work and meet the selection criteria.*** The predictors of failure in a CPP are poor work adjustment and satisfaction, a negative outlook about future employments, high levels of pretreatment depression, pain and disability, increased duration of pre-referral disability time, higher levels of opioid use and elevated pre-treatment levels of pain.

In this instance, the claimant does not plan to return to his previous job which is a heavy PDL. He has had multiple shoulder surgeries and now a cervical fusion. He has improved, he has made plans to complete the GED and explore vocational options. The claimant has had a CPP previously in 2008. He had now had additional CPP. Then need for continuation of the CPP is not established and there is no support that the gap between segments of the CPP is appropriate standard of care.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☐ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

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- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES