

Wren Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: September 6, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic pain management program x 10 days

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

MD, Board Certified by the American Board of Psychiatry and Neurology

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)

PATIENT CLINICAL HISTORY SUMMARY

The patient sustained a work-related injury on xx/xx/xxxx while performing his customary duties. His right thumb became crushed. An MRI of the right hand region revealed chronic-appearing changes involving the luno-triquetral area with joint space narrowing and surrounding reactive bone changes and mild first carpo-metacarpal osteoarthritis. He has received physical therapy and surgery. He failed 10 days of a work hardening program. Psychological testing was requested but denied. Four sessions of individual psychotherapy were approved, but the results are not available. His psychological evaluation did show irritability and restlessness, frustration and anger, muscle tension/spasm, sadness and depression, sleep disturbance, forgetfulness. His Beck showed mild depression and moderate anxiety and his fear avoidance was high. He has no further options open and has been referred for CPMP. The request was denied by the first examiner giving the rationale that the psychological evaluation was inadequate for the request. The second examiner agreed and added that the results of the 4 sessions of psychotherapy were not known, and thus all other possible modalities have not been exhausted.

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

This patient's treatment team responded to the denials stating that they requested authorization to do a more complete psychological evaluation, but the request was denied. The records demonstrate the providers did attempt to meet this criterion for admission to CPMP. Furthermore, it is highly doubtful that 4 sessions of psychotherapy would be so successful that the patient would no longer exhibit his pain symptoms and would be ready for work. Finally, the patient is nearing the critical 2-year cutoff time for optimal success of CPMP. Thus, further roadblocks should be removed so that this man might be given a chance of success through the CPMP program. The reviewer disagrees with the previous

adverse determinations and finds that there is a medical necessity for Chronic pain management program x 10 days.

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

ACOEM-AMERICA 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

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 (PROVIDE A DESCRIPTION)