MEDRx

3250 W. Pleasant Run, Suite 125 Lancaster, TX 75146-1069
Ph 972-825-7231 Fax 972-274-9022

Notice of Independent Review Decision

DATE OF REVIEW: 12/5/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of 80 hours of Chronic Pain Management.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of 80 hours of Chronic Pain Management.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties:
Texas Department of Insurance.
These records consist of the following (duplicate records are only listed from one source):
Records reviewed from Texas Department of Insurance
Texas Department of Insurance
Intake Paperwork

Legal Defense Attorney Correspondance- 11/20/12
Denials- 11/13/12,10/24/12

Records reviewed
Texas Department of Insurance
Report of Medical Evaluation- 11/1/12
Designated Doctor Examination Data Report- 11/1/12
Designated Doctor Evaluation- 11/1/12
Clinical Update- 10/31/12
Letter- 11/6/12
FCE- 10/12/12
Chronic Pain Management- 11/6/12
Texas Department of Insurance
Report of Medical Evaluation- 8/2/12
Designated Doctor Evaluation- 8/2/12
Office Notes- 9/13/12, 7/24/12
Letter- 7/24/12
Office Notes- 9/11/12
Nerve Conduction Studies- 7/24/12
MRI Hand w/o Contrast- 6/22/12
Radiographic Report- 6/11/12

Records reviewed
Pre-Cert Request- 10/19/12
Office Notes- 9/11/12
Letter - 10/15/12
Clinical Update- 10/16/12

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, this worker was injured on xx/xx/xx when she sustained a crush injury to her right hand. Her hand was resting on the side of a trash bin when the bar that held the top of the trash bin up fell across her hand. The first record I have for review is dated June 11, 2012 and is an x-ray of the right wrist and hand. This showed no evidence of fracture or dislocation. An MRI of the right hand on June 22, 2012 showed edema in the region of the dorsum of the right second metacarpal and metacarpal phalangeal joint as well as mild flexor tenosynovitis of the flexor digitorum tendons of digits two through five.

On July 24, 2012 a hand surgeon, evaluated the individual and noted the injury, swelling in the region of the injury, tingling in the median nerve distribution, mild de Quervain's tenosynovitis, and an MRI consistent with a soft tissue crush injury. He recommended hand rehabilitation and electrodiagnostic studies.

On July 24, 2012 performed an EMG and nerve conduction study of the right upper extremity which was within normal limits. On August 2, 2012performed a Designated Doctor Evaluation. gave the opinion that the worker was not at maximum medical improvement and agreed with the worker's treating physician that a ganglion block would be in order. I do not see records addressing the issue of complex regional pain syndrome, but apparently, the ganglion block was denied because of inadequate findings to diagnose a complex regional pain syndrome.

On September 11, 2012, reported that the injured worker could not bend her thumb. Her pain was listed as 7 on a scale of 0 to 10. The patient's anti-inflammatory drug was changed from Naproxen to Lodine.

On September 13, 2012 re-evaluated the worker and noted that she had had physical therapy and bracing. He said that she had continued pain behaviors without significant objective findings to support the pain. He recommended consideration of a multi-disciplinary treatment program to include behavior modification and counseling and released her from his care.

On October 12, a Physical Performance Evaluation was performed. This reportedly showed that the worker was functioning at a sedentary to light PDL.

On October 15 provided a titration schedule to wean the injured worker off of narcotics.

On October 16, a "clinical update" provided indicated that the worker had the presence of psychological dysfunction due to her injury and impeding her return to work.

On October 24, 2012, provided an Adverse Utilization Review Determination for a chronic pain management program.

On November 1, re-evaluated the individual and stated that she was not at maximum medical improvement. He recommended three to four weeks of therapy followed by a home based program.

On November 13, performed a Reconsideration Utilization Review and provided an adverse determination for the chronic pain management program. He gave new insights in his adverse determination letter stating that there were "learning differences" including difficulty reading and writing detected during the worker's intake and counseling process. He noted that there was recurrent bruising to the injured extremity which could not be explained and he noted that DARS would not come into the case until the injured worker was at maximum medical improvement. He stated that there may be a need for more in-depth vocational, educational, and psychological testing.

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

Recommend denial of requested services. This individual had a documented injury when a bar fell across her right hand. This was described as a soft tissue injury, sprain, or strain, without bony fractures. At some point, a diagnosis of complex regional pain syndrome was entertained, but there was insufficient evidence to support this diagnosis. Records indicate that the injured worker received chiropractic care, 18 physical therapy sessions, and three individual and two group therapy sessions. She had a Functional Capacity Evaluation that indicated she was functioning at a sedentary to light PDL level.

Notes indicate that her personal life was in distress and that her husband had left her, reportedly because of issues related to this injury. The injured worker continues to report high levels of pain, 8 to 9 on a scale of 0 to 10 in spite of routine use of medications including hydrocodone, Naproxen, Temazepam, and Celexa. There is new information in the Utilization Review Physicians' Notes that there is unexplained bruising of the injured limb and possible learning difficulties.

Before entering a chronic pain management program, negative predictors of success should be identified. This individual's current psychosocial status indicates that there are extenuating circumstances which might interfere with a chronic pain management program and may well make it difficult for her to benefit from such a program.

Continuing physical restoration efforts without addressing the psychological and social issues presented by this patient are not likely to produce the desire results. Apparently, through her treatment process, her depression, anxiety, and fear avoidance have improved as demonstrated by reduced scores on testing instruments. However, there is little indication that physical improvement accompanied this psychological improvement with the therapy provided. The injured worker still reports pain at a level of 8 to 9 and her Functional Capacity Evaluation reported that she was functioning at a sedentary to light level although her injury was simply to her right hand and was described as a "sprain or strain."

Issues alluded to by the Utilization Review physician are not included in the treatment records provided for my review and these issues would certainly appear to be negative predictors of success which should be addressed prior to the injured worker's entry into a chronic pain management program. These issues would include possible learning disorder and the unexplained bruising of the affected extremity. Other unexplained issues would include why pain levels are so high following a self-limited injury at seven months post injury, why has there been no improvement in the pain level and physical functioning with therapy thus far provided, and why are psychological factors so prominent after this relatively self-limited injury. There may be preexisting or underlying social issues which are beyond the scope of treatment provided in a chronic pain management program and which would be negative predictors of success.

It appears that this worker's injury uncovered a cascade of social and psychological problems which has rendered her virtually nonfunctional, at least according to this record. I concur with the previous reviewer that the information provided in this medical record does not indicate the prospective medical necessity of 80 hours of chronic pain management. This information in the medical record would indicate that there are psychological and social issues involved in the case that are negative predictors of success of a chronic pain management program. These issues would appear to require more extensive investigation and evaluation which is beyond the scope of a chronic pain management program and the issues specifically related to this worker's injury.

With the information provided in the medical record, it would appear unlikely that a chronic pain management program alone would provide adequate care and treatment to achieve the goals of allowing this individual to cope with her pain and return to a functional state in her social life and work force.

Reference:

ODG Treatment Guidelines

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
- ☐ 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)