

# US Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jan/13/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

10 sessions of Chronic Pain Management Program

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

M.D., Board Certified Pain Medicine

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

ODG Guidelines

Services Corporation letters 10/20/11, 11/07/11

Legal correspondence 01/02/12

DWC form 69 08/31/11

Designated doctor evaluation 08/22/11

Clinical records Dr. 10/13/11

Behavioral evaluation report 10/06/11

Functional capacity evaluation 10/06/11

Request for reconsideration 10/27/11

Discharge summary 11/16/10

Clinical records Dr. 11/02/10

Consultation note Dr. 11/15/10

**PATIENT CLINICAL HISTORY SUMMARY**

This case involves a male who stepped on a nail and suffered a puncture wound to his left foot on xx/xx/xx. Dr. saw him several days later. He was provided Keflex and a tetanus injection. On 10/21/11 antibiotics were changed and x-rays of the left ankle were taken. The claimant was maintained off work. He was diagnosed with an infected wound, which revealed beta hemolytic streptococcus. He was admitted to a local hospital and underwent surgery to his left foot. He had physical therapy. He was under the care of Dr. On 08/22/11 he had designated doctor exam. He walks with an obvious limp on his left foot. He has a well-healed scar, which began in the mid portion of the heel and continued laterally for a distance of 8 cm. The scar terminated midway between the tip of the lateral malleolus and Achilles tendon. There was no tenderness over the scar and the scar itself was well healed. He has stocking anesthesia over the left knee to the left toes. Motor strength was difficult to

evaluate as the claimant would not move his left heel or foot because he reports it was painful. The patient was subsequently found to have reached maximum medical improvement and received a 0% impairment. The designated doctor noted that there is a significant amount of symptom magnification associated with the injury. He is reported to have chronic pain and functional deficits as a result of secondary depressive reaction. Chronic pain management program to address the psychological component of his injury has been recommended. It is noted that his BDI is 29 and BAI is 27. His PAIRS is 77. His GAF is 65. He has had a behavioral health evaluation and a functional capacity evaluation, which finds that he does not meet criteria for his occupation.

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

This is a male who sustained a puncture wound to his left heel while at work. Post injury the claimant developed a significant infection and apparently required an I&D of the left foot. The claimant has been seen by a designated doctor who is an orthopedic surgeon in training and notes that the claimant has non-organic findings on physical examination and showed evidence of symptom magnification without any significant orthopedic findings on examination. He was difficult to assess due to subjective complaints and symptom magnification. The designated doctor found the claimant to be at clinical maximum medical improvement with 0% impairment. He has significantly elevated levels of depression and anxiety for which there is no data to establish the claimant received lower levels of care such as antidepressants and anti-anxiety medications and individual psychotherapy. The referral to CPMP is only after exhaustion of all other conservative treatment. This man does not meet criteria per Official Disability Guidelines for enrollment and participation in CPMP, as he has not exhausted all conservative treatment. There is clear evidence of symptom magnification, which as per the guidelines should be addressed at lower level prior to consideration of participation in this program. Therefore, 10 sessions of Chronic Pain Management Program are not found to be medically necessary.

#### **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)