

SENT VIA EMAIL OR FAX ON  
Jun/07/2012

## Applied Assessments LLC

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jun/05/2012

**IRO CASE #:**

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

80 hours of chronic pain management program

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

PM&R and 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**

OD Guidelines  
Request for IRO 05/18/12  
Utilization review determination 05/04/12  
Utilization review determination 05/15/12  
Physical therapy orders and notes  
Clinical note Dr. 09/19/11  
Designated doctor evaluation 09/20/11  
DWC form 69 09/20/11  
Behavioral evaluation report 04/19/12  
Functional capacity evaluation 04/27/12  
Clinical note Dr. 04/30/12  
Request for reconsideration 05/08/12

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who is reported to have sustained work related injuries on xx/xx/xx. Records indicate that the claimant ultimately failed conservative management and was taken to surgery by Dr. on 04/05/11. On this date she underwent a left shoulder arthroscopic rotator cuff repair, subacromial decompression, biceps tenotomy and labral debridement. Post-procedurally the claimant was seen on 09/19/11. At this time she is noted to have continued shoulder pain. On physical examination the claimant is 68 inches tall and weighs

220 pounds. Her active flexion is to 112 degrees. Abduction is to 107. Internal rotation is to 12 degrees. She was encouraged to participate in a self directed home exercise program. Dr. opines that there has been a plateau in her recovery and that she is at maximum medical improvement.

On 09/20/11 the claimant was seen by Dr. a designated doctor. It is reported on the date of injury she was coming down an escalator with a suitcase and equipment and the escalator jerked. She subsequently lost her balance and fell forward. She subsequently ended at the bottom of the escalator with complaints of severe back pain radiating into the left lower extremity and injuries to the left shoulder. At the time of evaluation primary complaints were focused on the low back. She is noted to have tenderness of the bilateral clavicles. She had global pain and tenderness around the acromioclavicular joint and coracoid process. The left shoulder was tender in a global fashion. Left shoulder range of motion was 120 degrees flexion, 30 degrees extension, 90 degrees abduction, 10 degrees adduction, 70 degrees external rotation, and 85 degrees internal rotation. Shoulder stability was within normal limits. Spurling's test was negative. Apprehensions test was negative. Neer and Hawkins' signs were negative. Motor strength was graded as 5/5 in the shoulder. She was neurologically intact. She is noted to have tenderness in the right lumbar paraspinal muscles. Axial compression test was positive. There is tenderness over the sacrum. Lumbar range of motion was markedly reduced and appeared to be self limited. Dr. notes that the claimant is status post arthroscopic surgery with pain and motion deficit residuals with no objective signs of a recurrent rotator cuff tear. She is noted to be status post L4-5 bilateral laminectomy and discectomy approximately 10 years prior. She is status post a lumbar sprain strain with a contusion which has resolved. She is noted to have 6/8 positive Waddell's signs. He ultimately finds the claimant to have a 10% whole person impairment.

On 04/19/12 the claimant was evaluated by. This evaluation was for inclusion into a chronic pain management program. She is noted to have moderate levels of depression and severe anxiety. GAF score is 65. She was opined to have a pain disorder associated with psychological factors and a general medical condition as well as moderate depression. The record contains a functional capacity evaluation dated 04/27/12. It is reported that her occupation, an account development specialist, requires a heavy physical demand level. She is currently performing at sedentary.

On 04/30/12 Dr. requested 80 hours of chronic pain management. He notes that the claimant has been treated with medications, physical rehabilitation, injection therapy, and left shoulder surgery. She was reported to have chronic pain and functional deficits and a secondary depressive reaction. She has been treated with antidepressant medications and does not have adequate pain and stress management skills. He reports the claimant needs a specific pain and stress management training so that she will be more functional while dealing with her pain on a daily basis. She will require significant vocational readjustment. Her current medication profile at this time is Ultram, Vimovo, Flexeril and Cymbalta.

The initial review was performed by Dr. on 05/04/12. She notes that the medical necessity for entering chronic pain management program for a patient with multiple Waddell's signs is not supported. She notes that while the claimant reportedly has evidence of loss of function, examinations by Dr. and Dr. do not identify significant loss of function to support a chronic pain management program. It is noted that while the claimant was given specific work modifiers by Dr. there is no evidence in the medical records that the patient has a desire to return to work.

The appeal request was reviewed by Dr. on 09/17/10. A peer to peer consultation was performed with Dr.. He notes that there has been inconsistent performance, multiple positive Waddell's signs as a negative predictor, as well as the inability of two evaluators to identify specific physical impairment to which loss of function could be attributed as elements that further indicated the worker did not display the motor motivation to return to work at this time. It is noted that despite the identification of clinically significant psychosocial barriers to recovery in the form of performance inconsistencies, the worker has not undergone a thorough psychological evaluation with appropriate psychometric testing. Dr. subsequently

upholds the prior denial.

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

The request for 80 hours of chronic pain management program is not supported by the submitted clinical information and the prior utilization review determinations are upheld. The submitted clinical information indicates that the claimant started employment as a graphic artist which would appear to be a sedentary level position. She subsequently is reported to have tripped and fallen on an escalator sustaining injuries to her low back and her shoulder which ultimately required surgical intervention. The claimant has undergone a course of post-operative physical therapy, plateaued in care, and was subsequently placed at clinical maximum medical improvement by Dr. a designated doctor. The claimant is noted to have a number of non-organic findings on physical examination. There is no indication that the claimant has undergone lesser forms of conservative treatment to include pharmacotherapy in conjunction with behavioral management. The records do not provide any data to establish that the claimant has a desire or intent to return to work. The exact nature of the claimant's job description was not available for review. There is clearly insufficient data to establish that the claimant would meet criteria for a chronic pain management program. Further, given the information provided, it is unclear if participation in a CPMP would be a benefit.

**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)