

# Clear Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Feb/28/2012

**IRO CASE #:**

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

Chronic Pain Mgt Program 40 hrs

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

M.D., Board Certified 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Official Disability Guidelines  
Utilization review denial 01/12/12  
Utilization review reconsideration uphold 01/25/12  
Report of medical evaluation 07/12/11  
Work capacity evaluation 09/01/11 and 12/22/11  
Pre-authorization requests 01/09/12  
Behavioral evaluation report 12/22/11  
Pre-authorization requests for reconsideration 01/18/12  
Letter of medical necessity 02/09/12

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female whose date of injury is xx/xx/xx. She suffered a strain injury when she felt sudden severe pain in her neck, left shoulder and down the left arm. She was treated with medications, therapy, physical rehabilitation, injection therapy and left shoulder surgery. A behavioral evaluation report dated 12/22/11 indicated the claimant's Beck depression inventory (BDI-II) score was 19 indicating moderate depression. Beck anxiety inventory score was 20 indicating moderate level of anxiety. On pain and impairment relationship scale she obtained a score of 59 in the moderate range suggesting the claimant is in the functional direction and suggests she understands the importance to be functional and active in spite of discomfort and pain. According to work capacity evaluation dated 12/22/11 the claimant's current functional physical demand level is sedentary. A request for chronic pain management program 40 hours was reviewed on 01/12/12 and it was determined that it does not meet medical necessity guidelines. The reviewer had a long discussion of the case with. It was noted that it was unclear that the claimant is an appropriate candidate for chronic pain management program when a medical condition has been identified that could affect the outcomes of treatment. It could be argued that the claimant would not be a good candidate for chronic pain management program given the presence of a cervical condition that is surgical in nature. If the claimant is to receive additional treatment for the cervical condition whether under the injury claim or not the request for chronic pain management program

would be at best premature. After further investigation second discussion with was completed who stated that the claimant was not going to dispute the cervical spine and does not have private health insurance to seek additional care for the cervical spine. It was noted that on prior utilization review request showed that the claimant had no significant shoulder issues and that the cervical region was the primary complaint. Thus there is evidence that the cervical issue is likely significant negative factor in the success of a chronic pain management. This non-work related pathology needs to be better addressed.

A reconsideration request for chronic pain management program times 40 hours was reviewed on 01/25/12 and the previous adverse determination was upheld. The reviewer noted there is not an adequate and thorough multidisciplinary evaluation to determine the appropriateness of the request. There is not a current physical examination by the physician associated with the CPMP that rules out conditions that require treatment prior to initiating program. All diagnostic procedures necessary to rule out treatable pathology, including imaging studies and invasive injections used for diagnosis should be completed prior to considering the claimant to be a candidate for a program. Exception is diagnostic procedures that were repeatedly requested and not authorized. Although primary emphasis is on work related injury, underlying non-work related pathology that contributes to pain and decreased function may need to be addressed and treated by a primary care physician prior to or coincident to starting treatment thus this is not an adequate and thorough multidisciplinary evaluation as required by current guidelines. The claimant is reporting significant neck pain, which is not part of the compensable injury. Additional treatment including surgery has been pursued for this non-compensable injury and it is unclear how continued treatment of this injury (regardless of compensation) would affect the claimant's participation in CPMP. That surgery was denied by the carrier is not germane. It is the treating physician's responsibility to assert his conclusion on clinical grounds. Thus there is no evidence provided to indicate the treatment team has exhausted all appropriate treatments for this claimant, clinical indication for chronic pain management program. thus the request is inconsistent with requirements that there is an absence of other options likely to result in significant clinical improvement and all diagnostic procedures necessary to rule out treatable pathology including imaging studies and invasive injections used for diagnosis should be completed prior to considering a patient as a candidate for program. Furthermore there are limited studies about the efficacy of chronic pain management programs for neck, shoulder or upper extremity musculoskeletal disorders. It's further noted the guidelines recommend an adequate and thorough multidisciplinary evaluation to provide reasonable manifest explanation of the etiology and maintenance of the patient's clinical problems that establish the role of psychological factors in the maintenance and exacerbation of pain by the interdisciplinary team providing the requested treatment before the necessity of multidisciplinary pain program can be determined. The request was discussed with. and decision was unchanged.

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

The request for Chronic Pain Mgt Program 40 hrs is not supported as medically necessary by the clinical data provided. The claimant sustained a strain injury pulling a patient out of a hyperbaric oxygen chamber when she felt sudden pain in the neck, left shoulder and down the left arm. She is status post left shoulder surgery. Records indicate treatment has included medications, physical therapy, injection therapy and left shoulder surgery. The claimant underwent behavioral evaluation on 12/22/11. This evaluation reported BDI-II score of 19, BAI score 20, PAIRS 59. However, there is no indication that the claimant has had individual psychotherapy with or without psychotropic medications. Noting that the claimant has not exhausted lower levels of care, and that other treatable pathology has been ruled out, the reviewer finds medical necessity is not established for Chronic Pain Mgt Program 40 hrs.

**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)