



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

DATE OF REVIEW: 10/14/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic pain management program.

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

Texas State Licensed MD Board Certified Physical Medicine and Rehabilitation 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Dept of Insurance Assignment to Medwork 9/25/2013
2. Notice of assignment to URA 9/23/2013
3. Confirmation of Receipt of a Request for a Review by an IRO 9/25/2013
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 9/24/2013

Patient face sheet, letter to patient from insurance plan regarding notification of reconsideration determination 9/20/2013, preauthorization request 8/23/2013, letter to patient from insurance plan regarding notification of adverse determination 8/23/2013, request for 80 hrs of chronic pain management program 8/20/2013, chronic pain management interdisciplinary plan and goals of treatment 8/15/2013, medical documents from injury clinic 8/15/2013, functional capacity evaluation 8/15/2013, evaluation for chronic pain management program 8/15/2013, description of patient responsibilities at place of employment 7/18/2013, work readiness form, psychological testing and assessment report 7/16/2013, services requested from injury clinic 6/22/2013, history and physical chronic pain management program 6/22/2013, initial behavioral medicine assessment 6/21/2013, impairment rating report 1/29/2010, report of medical evaluation 1/28/2010.



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PATIENT CLINICAL HISTORY:

Per documentation provided, the patient sustained a work-related injury on xx/xx/xx, while performing her duties. She started to develop stabbing pains in her shoulder. Work-related injury and the compensable areas have included cervical spine, left and right shoulders, and upper arms.

Diagnostic studies have included x-rays of the neck and shoulders and an EMG, 12 sessions of physical therapy were also done. In 2009, she had reached 10% MMI.

Currently under the care of her physician, is receiving no medication for her current pain. Evaluations have revealed a sedentary level of work and required PDL is medium. This is per her FCE per her chiropractor. She has been recommended for a chronic pain management program by several providers, including clinical psychologist; her medical provider; and the chiropractor that performed the FCE..

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

The Official Disability Guidelines is used for multidisciplinary pain management programs. The patient needs to meet three or more of the criteria. The ones that she had actually met include:

Withdrawal from social activities or normal contact with others, including work, recreation, or social contacts. This is evidenced by the psychological evaluation done revealing that interpersonally, she has a loss of self-confidence, feeling of uselessness and burden, feeling sensitive to criticism.

Failure to restore pre-injury function after a period of disability such that the physical capability is insufficient to pursue work, family, or recreational needs. This criteria was met and evidenced by her FCE performed, in which objective testing revealed that her physical demand level is currently at sedentary, and the required physical demand level is medium. She was working before injury, and this suggests that she has dropped functionally in meeting this particular criteria.

Development of psychosocial sequelae that limit function and recovery after the initial incident, including anxiety, depression, sleep disorders. This criteria was met and evidenced by her BAI and BDI scores, which revealed severe anxiety and severe depression after the injury.



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The diagnosis is not primarily a personality disorder or psychological condition without a physical component. This is evidenced by the physical limitations she has and the level of pain that she describes as 8/10 on a scale of 1 to 10.

There are certain criteria that she has not met, including use of prescription pain medicines and excessive dependence on healthcare providers and spouse or family. However, she has met three or more of the criteria required to engage in a multidisciplinary pain program. She has gone through a physical therapy program, diagnostic studies do not reveal any surgical pathology, and she still remains in significant pain and is functionally limited with signs of depression and anxiety that have not responded fully to psychiatric treatment.

Therefore, utilizing these criteria, the patient's chronic pain management program, initial 80 hours, should be approved and previous determinations overturned.

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 KNOWLEDGBASE
- 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)