

P-IRO Inc.

An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #203
Mansfield, TX 76063
Phone: (817) 405-0878
Fax: (214) 276-1787
Email: resolutions.manager@p-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Apr/01/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program 10 days

A 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx year old female who sustained an injury to her cervical spine and both shoulders when she tripped over a cement block in a garage. The functional capacity evaluation dated xxxxxx details the patient complaining of bilateral shoulder and cervical region pain. Per the report, the patient has a significant surgical history including a left shoulder surgery performed on xxxxx and a right-sided rotator cuff repair completed on

04/04/11. The patient was noted to have previously utilized medications and undergone physical therapy. The patient was noted to have decreased strength in both upper extremities as well as limited range of motion. The patient stated that the pain was affecting her activities of daily living to include pushing, pulling, lifting, and any overhead activities. The patient was recommended for cervical spine and shoulder protocols suggested by the Official Disability Guidelines.

Per clinical note dated xxxxx, the patient demonstrated 170 degrees of right shoulder flexion, 170 degrees of abduction, 80 degrees of internal rotation, and 90 degrees of external rotation. The patient was noted to have similar findings at the left shoulder.

Per clinical note dated 12/04/12, the patient rated her pain as 1-3/10. The patient stated that she was having difficulties due to the cervical region pain. The patient demonstrated 5/5 strength throughout the cervical region and both shoulders.

Per clinical note dated 01/11/13, the patient continued with 1-2/10 pain. Strength deficits continued throughout the cervical region.

A mental health exam was performed on 02/04/13. The patient scored an 8 on her FABQ-PA exam and a 42 on her FABQ-W exam. The note details the patient utilizing Lortab, Tramadol, Naproxen, Flexeril, and Skelaxin for pain relief. The patient rated her pain as 6/10. Per the note, the patient scored a 22 on her BAI and a 14 on her BDI. The note details the patient being recommended for continued monitoring of her depression and anxiety symptoms.

Per clinical note dated 02/22/13, the patient rated her pain as 2-3.5/10. Overhead activities continued to be bothersome. No significant changes were noted in the patient's parameters.

The previous utilization review dated 02/22/13 resulted in a denial for 10 sessions of a chronic pain management program as no information was submitted regarding the patient's red flags or substantial medical necessity for inclusion into a chronic pain management program. The patient was further rated at a medium physical demand level which was noted to be sufficient for retraining at a BARS facility.

The previous utilization review dated 03/13/13 also resulted in a denial as there was no evidence regarding the patient's anti-depressant medication treatments. Additionally, the patient was noted to have been working modified duty. No information was submitted regarding any attempts to return the patient to modified duty prior to the request.

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

The documentation submitted for review elaborates the patient complaining of cervical and shoulder pain. The Official Disability Guidelines recommend a chronic pain management program provided the patient meets specific criteria to include completion of all conservative treatments. The documentation details the patient having undergone treatment for psychological issues; however, it is unclear if the patient utilized any medications to address the elevated BAI scores indicative of moderate anxiety. Furthermore, the patient was noted to be rated at a medium physical demand level. No information was submitted regarding the patient's previous attempts to return to work, even at a modified duty level. Given the lack of information regarding the patient's completion of all conservative treatments prior to inclusion into a chronic pain management program and taking into account the lack of information regarding the patient's previous unsuccessful attempts at returning to work, this request does not meet guideline recommendations. As such, it is the opinion of this reviewer that the request for 10 days of a chronic pain management program is not recommended as medically necessary and the prior denials are upheld.

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)