



14785 Preston Road, Suite 550 | Dallas, Texas 75254  
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Notice of Independent Review Decision

**DATE OF REVIEW:** 2/05/2013

**IRO CASE #**

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

80 Initial hours of chronic pain management.

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

M.D. Board Certified in Physical Medicine/Rehabilitation 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**

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	1/16/2012
Utilization Review Determination Reconsideration/ Appeal of Adverse Determination	12/12/2012 12/26/2012
Preauthorization Requests Request for Review by an IRO Assessment/Evaluation for Chronic Pain Management Program Notes Psychological Testing and Assessment Report Initial Behavioral Medicine Consultation	12/06/2012-12/18/2012 1/10/2013 11/22/2012 10/11/2012 7/19/2012
Physical Performance Evaluation	8/30/2012

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

Patient is with a date of birth of xx/xx/xx. He had been working for 1 year and 2 months when on xx/xx/xx he reported an injury.



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The mechanism of injury was that he was thrown to the ground. He did have a rib fracture and was diagnosed with sprain/strain of the shoulder and disc herniation of the cervical spine. On 7/26/2010 he had a C5-6 fusion. In 2012 he had a left shoulder surgery. He has had shoulder injection x 2. He had post op therapy for the shoulder. He did have individual psychological therapy. He is working. He was terminated from his job January 2012. He smokes ½ pack cigarettes per week and drinks beer occasionally. He has diabetes and hypertension. His medications include metformin, lisinopril and trocin and Tylenol. He stopped using Hydrocodone. His BAI is 12 and BDI is 17. His activities of daily living indicate he is independent in dressing/hygiene/grooming/cooking. He does clean and do yard work and needs help with the trash. He does exercise that includes 120 minutes of walking, 60 minutes cardio. He does not do resistive training. He drives for more than an hour. He reports the pain at 4-7/10.

There is a request for a chronic pain program.

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

Per ODG references the requested 80 hours of chronic pain management are not medically necessary.

This claimant is currently working. He does report pain. However, he has discontinued the use of Hydrocodone. There is no documentation as to use of other pain medications. He is independent in most activities of daily living. There has not been a complete diagnostic assessment. Although he had psychological treatment there is no documentation of functional change post treatment. The goals of a chronic pain program are not established as patient is not using opioids to treat his pain and is working. The patient is also independent and performing a home exercise program. He does not have high levels of depression and anxiety. And has had psychological treatment although the functional change is not documented. This claimant does not meet the selection criteria for a CPP.

Chronic pain programs are recommended where there is access to programs with proven successful outcomes, such as decreased pain and medication use, improved function and return to work and decreased utilization of the health care system. There should be evidence that a complete diagnostic assessment has been made, with a detailed treatment plan of how to address physiologic, psychological and sociologic components that are considered components of the patient's pain. The predictors of failure in a CPP are poor work adjustment and satisfaction, a negative outlook about future employments, high levels of pretreatment depression, pain and disability, increased duration of pre-referral disability time, higher levels of opioid use and elevated pre-treatment levels of pain.



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**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 KNOWLEDGE BASE
- 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