

P-IRO Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Oct/23/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic pain management x 80 hours

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

DO, Board Certified PM&R

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. She underwent surgical repair of the laceration. Treatment to date includes physical therapy, steroid injections and medication management. Functional capacity evaluation dated 08/06/14 indicates that required PDL is medium and current PDL is light. Note dated 08/06/14 indicates that current medications are naproxen and premarin. Behavioral health assessment dated 08/06/14 indicates that diagnosis is pain disorder associated with both psychological factors and a general medical condition. BDI is 14 and BAI is 12.

Initial request for chronic pain management x 80 hours was non-certified on 08/22/14 noting that the patient had a hand specialist designated doctor examination that found no motor deficits, no sensory deficits and no recommendation for any surgery. So, the patient sustained a hand contusion and laceration at work. Although she has subjective complaints, she has no identifiable pathology to support those complaints. A chronic pain management program is not indicated per ODG for patients whose issues are primarily subjective or psychiatric in nature. The patient's current medication is limited to Naproxen-OTC Aleve. Reconsideration letter dated 08/25/14 indicates that no medical documentation is present to suggest that the primary issue is psychiatric or a psychological condition without a physical component. The denial was upheld on appeal dated 09/02/14 noting that the length of time that the claimant is removed from the onset of symptoms would be considered a negative predictor for a positive response from such an extensive program. Letter dated 09/18/14 indicates that she has only been off work since May of this year.

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

The patient sustained injuries. She has been off work since May of 2014. It is unclear why the patient has not worked since May. There is no comprehensive assessment of treatment completed since that time provided for review. Per referral to a hand specialist, there are no significant deficits and the patient is not a surgical candidate. The patient's subjective complaints appear to outweigh objective findings. The patient is not currently taking any psychotropic or opioid medications. As such, it is the opinion of the reviewer that the request for chronic pain management x 80 hours is not recommended as medically necessary.

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)