

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Apr/02/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional chronic pain management program X 80 units

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

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who initially presented with neck, mid back, and low back pain secondary to a fall when she slipped while attempting to open a door. The x-rays of the right shoulder dated 03/12/13 revealed no evidence of fracture or dislocation. Osteoarthritic changes were identified at the acromioclavicular and glenohumeral joint. The x-rays of the right wrist dated 03/12/13 revealed a probable scapholunate ligament disruption with a widening of the scapholunate joint. The initial consultation note dated 04/16/13 indicates the patient having previously undergone 1 month of therapy with some benefit. However, the patient noted continued shoulder and back pain of an intermittent nature. The clinical note dated 06/26/13 indicates the patient rating her pain as 5-6/10 at that time. Upon exam, the patient demonstrated 90 degrees of right shoulder flexion, 35 degrees of extension, 90 degrees of abduction, and 35 degrees of adduction. The patient was able to demonstrate 5/5 strength throughout the upper extremities. The patient also demonstrated 4+/5 strength throughout the lower extremities. The patient was placed on restricted duties to include light lifting, bending, and pushing. The note indicates the patient utilizing Motrin 3 times a day for pain relief. The individual psychotherapy note dated 10/08/13 indicates the patient having undergone a battery of psychological tests. The patient scored a 35 on the BDI-2 and a 41 on the BAI indicating severe levels of depression and anxiety. Clinical note dated 10/10/13 indicated the patient stating initial injury occurred while attempting to open a security door. The patient stated she fell backwards and struck a metal rockers built into the wall thus

injuring her neck, back, right shoulder, and head. The patient stated she had difficulty with prolonged walking and standing. The patient utilized Elavil, Norco, and Mobic. Psychological note dated 10/23/13 indicated the patient showing reduction in her BAI and BDI to 30 her BAI from 41 to 30 and her BDI from 35 to 32. The patient continued with 5/10 pain. The patient was recommended for chronic pain management program at this time. Functional capacity evaluation dated 10/28/13 indicated the patient demonstrating sedentary physical demand level whereas her occupation required heavy physical demand level. Therapy note dated 11/07/13 indicated the patient completing an extensive course of conservative and chiropractic therapy. Chronic pain medical psychological assessment dated 12/03/13 indicated the patient continuing with progress in terms of her anxiety and depression. FABQ continued to show improvement as well. The functional capacity evaluation dated 12/20/13 indicated the patient was unable to complete all test activities. The patient demonstrated maximal effort during performance of activities but was unable to perform all tasks asked of her. The patient demonstrated 30-60% increase in strength in regards to her previous evaluation. The patient also demonstrated range of motion improvements throughout the neck. Clinical note dated 01/02/14 indicated the patient working as a. Clinical note dated 01/09/14 indicated the patient continuing with cervical and shoulder pain. The patient had been thoroughly apprised of the narcotic extension protocol and agreed to continue with the parameters. Chronic pain management program note dated 01/13/14 indicated the patient completing 26 chronic pain medical treatment program sessions to date.

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

Clinical documentation indicates the patient having significant complaints of pain at the cervical and shoulder actually it would be the right shoulder. Clinical notes indicated the patient completing 26 chronic pain management program sessions to date. Generally, a total treatment duration for a chronic pain management program is designed for 20 full day sessions or not for more than 160 hours. Additional treatment would be recommended for specified extension of reasonable goals to be achieved. The patient is a female and it appears that the treatment goals for the patient to reach a heavy physical demand level. Additionally, it is unclear how a female will attain a heavy physical demand level. Given that the patient has completed 26 chronic pain management program sessions to date exceeding the 160 recommended hours and taking into account the age of the patient and current physical demand level of medium it does not appear that a reasonable goal to attain a heavy physical demand level is achievable. As such, it is the opinion of this reviewer that the request for an additional 80 hours of chronic pain management program 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)