

# Health Decisions, Inc.

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IRO CASE #:

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Chronic Pain Management Program x 10 sessions

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** American Board Certified Physician in Physical Med. and Rehab with over 20 years' experience.

## REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

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

## PATIENT CLINICAL HISTORY [SUMMARY]:

XX is suffering from Chronic pain from a work related injury that happened XX/XX/XX. He is not able to return to work because he is not able to perform at the Heavy Level Job. Request is for Chronic Pain Management Program x 10 sessions.

XX/XX/XX: MRI Left Shoulder: Impression: 1. Type III acromion with downsloping 2. Degenerative change and capsular hypertrophy at the acromioclavicular joint and a thickened subacromial ligament attachment indent the upper surface of the supraspinatus. 3. Mild rotator cuff tendinopathy and undersurface fraying. No discrete tear identified. 4. Biceps, tendon and anchor attachment, maintained for 4. Perhaps follow up with MR arthrography could be of additional diagnostic benefit.

XX/XX/XX: ERGOS Evaluation Summary Report: Medical History: XX was injured on XX/XX/XX while working as XX. He reports that his job requires repetitive lifting, bending, stooping, squatting, pushing, pulling and overhead reaching. This is a Heavy Level job as defined by the US department of Labor. XX reports that he was performing his normal course and scope of employment, as he was lifting heavy yard waste bag above his shoulder height when he felt a sharp pain and popping in his left shoulder. The patient underwent conservative therapy, medication management and an MRI of the left shoulder. He underwent conservative physical therapy, steroid injection, arthroscopic surgery and post-operative physical therapy. He reports that his shoulder pain is intense when performing activities of daily living he also complains of pain in the axillar region of the left shoulder. Associated symptoms include numbness and tingling sensation of left right and small finger. Aggravating factors include lifting, pushing, pulling, reaching above the shoulder level and across chest region. He rates his pain at a 4-6 out of 10 based on the scale of 0-10. Past Medical History: Denies previous injury to current area. He has hypertension and diabetes. He takes Ultram 50 mg and topical analgesics. Work Status: Pt presents today with his current MTM performance, below competitive status and as a result, he is at a Sedentary/ Light level not comparable to his DOT Job Description of Heavy level and it is

recommended that he maintain his total disability status with further improvement as developed. On Upper Extremity Exam: Left Shoulder revealed loss of normal range of motion, tenderness of left GH joint, AC joint, rotator cuff muscle axillar region and biceps tendon, trigger points in left supraspinatus, upper trapezius and deltoid muscles. Recommendations: Post-operative MR Arthrogram is recommended for assessing post-operative changes Follow up with orthopedic surgeon, pain specialist for medication management. Mr. XX developed limited motion of his left shoulder secondary to his work related injury. He has been returned to light duty with restrictions, he reports that his left shoulder is aggravated by sudden movements, overhead reaching and lifting. He has developed anxiety and insomnia secondary to his job related injury. XX overall MTM is below 70% and PDL is at sedentary/light level.

XX/XX/XX: MRI Arthrogram Left Shoulder: Findings: Rotator cuff: there is no evidence of tear. No extension of gadolinium solution is noted in the subacromial-subdeltoid bursa. Heterogeneous signal is noted involving distal supraspinatus suggestive of tendinopathy. Infraspinatus, subscapularis and teres tendons appear intact. Glenoid labrum: Glenoid labrum appears homogenous without tear. Biceps tendon: Intra and extra articular components of biceps tendon appear intact. Joint space: Optimal intra articular gadolinium solution is seen. No loose bodies identified. Extensive hypertrophic changes of the acromioclavicular joint is seen with evidence of impingement on the underlying musculotendinous junction. A type 1 acromion is seen. Osseous structures: No evidence of fracture or contusion. Soft Tissues: No evidence of superficial or deep soft tissue edema. No focal collections Muscles demonstrate normal signal.

XX/XX/XX: 30 Day Follow-up to initial Mental Health Evaluation: XX presents for follow-up. He continues to experience chronic pain and weakness to the left shoulder. He continues to experience chronic pain and weakness to the left shoulder. He reports pain exacerbation a pain level of 5/10. He is having difficulty pulling and lifting. He reports anxiety and irritability associated with his injury. He is sleeping about 5-6 hrs and is still awakened by shoulder pain. He states that he is less depressed and the crying spells have stopped. His concentration has improved. It is strongly recommended that this patient be admitted for the behavioral treatment of 10 sessions of Chronic Pain Management program 1x daily for 2 weeks.

XX/XX/XX: UR: This is a request for 10 days of CPMP is non-authorized. The patient has already had a complete work hardening program and 4 sessions of individual psychotherapy. He has shoulder pain and weakness at level 5/10. Sleeps 5 hours. Psychological 30 day follow up report states that he is less depressed, cries less. Pt has already completed injections and physical therapy and work hardening program.

XX/XX/XX: Pre-Authorization Request: XX requires the medical services that are only available in a CPMP in order to treat the psychological component of his injury, achieve clinical MMI, return to gainful employment, and achieve case resolution. We therefore request 10 sessions of the CPMP for XX at this time.

XX/XX/XX: UR: Based on clinical information, peer to peer, and Guidelines criteria for CPMP were not met. Based on lack of current test data, ODG criterion 3 is not met. Criteria 6, 7, and 8 are not addressed as well. I concur with previous reviewer that criteria for CPMP program entry are not met.

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

Determination: Denial of 10 sessions of Chronic Pain Management Program is UPHELD/AGREED UPON since there is lack of clinical information which meets ODG criteria for this level of rehabilitation.

In light of fairly recent imaging studies of the shoulder, there is question as to any pending invasive/surgical interventions. There is question as to exhaustion of lower levels of care, particularly with notation of previous work hardening program and NO documentation regarding compliance with attendance, number of hours/sessions attended, and progress with participation. There is lack of documentation regarding RECENT evaluations including physical examination, psychological testing, social and vocational issues and outline of SPECIFIC treatment plan and goals.

There is lack of documentation regarding MOTIVATION to change. There is question regarding current medication use including any psychotropics and habituating analgesic medication which would require a medically supervised weaning process. There is lack of documentation regarding potential negative predictors of success, and if present, how they would

be addressed by the program.

**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 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)**