IRO America Inc.

An Independent Review Organization
7626 Parkview Circle
Austin, TX 78731
Phone: 512-346-5040
Fax: 512-692-2924

DATE OF REVIEW: 4-5-2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Chronic behavioral pain management program x10 sessions (8 hours per day 5x per week for 2 weeks)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
AADEP Certified
Whole Person Certified
TWCC ADL Doctor
Certified Electrodiagnostic Practitioner
Member of the American of Clinical Neurophysiology
Clinical practice 10+ years in Chiropractic WC WH Therapy

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 or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Request IRO form, Online IRO request 3-07-2007, letter 3-22-2007, MRI left shoulder 5-20-2006, MRI lumbar spine 5-20-2006, UR decision 12-27-2006, DDE Dr. 1-26-2007, UR review 1-31-2007, EMG/NCV 2-1-2007, Medical report Dr. 2-13-2007, Follow-up 2-28-2007 Center for pain management, letter dated 3-22-2007.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was involved in a MVA. He was apparently the driver of an 18-wheeler, when he was rear-ended by another vehicle. The claimant was transported to the ER via ambulance, where he underwent x-rays and medication. The claimant sought treatment with Dr. who recommended PT, x-rays, and medication. The claimant underwent injections in the lumbar spine. Additionally the claimant underwent SGB and facet injection. Initial designated doctor examination was performed on 8-01-2006. The claimant underwent surgery to the left shoulder on 9-08-2006, followed by post-operative physical therapy.

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

There is lack of medical documentation, such as psychometric testing / MMPI to support objective psychology. The injured employee has electrodiagnostic evidence of lumbar radiculopathy and his lumbar spine has not been evaluated to see if he is a surgical candidate; therefore, that determination needs to be addressed. Documentation reviewed does not provide substantial objective psychological evidence to support a behavioral 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)