

# IRO America Inc.

An Independent Review Organization

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DATE OF REVIEW: 4-16-2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 Sessions of Chronic Pain Management

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, TWCC PLN9 form, TWCC PLN-11 form, supplement to report from Dr. dated 2/12/07, dated 10/23/06, DD exam dated 8/23/05, Follow up visit report dated 9/06/05, Pain Management Report dated 8/29/05, Request for Appeal dated 2/8/07, Pre-auth request dated 1/22/07, Pre-cert request dated 1/14/07, Notice dated 3/30/07, Examination findings assorted dates 3-23-2006 to 3-22-2007, EMG report, Therapy notes assorted dates 3-23-2006 to 3-22-2007, Evaluation report dated 1/4/07, Physical Performance Exam dated 1/9/07.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant injured her back while lifting. The injured employee was treated by Dr. DC and Dr.. On 4-06-2006, the injured employee was seen for a Designated Doctor Exam where she was assessed at MMI and assigned a 7% whole body impairment. On 4-5-2006, EMG/NCV revealed evidence of right S1 radiculopathy. On 5-23-2006 Dr. MD recommended psychological consultation since the injured employee has been on hydrocodone, zanaflex, and diazepam for 1½ years. On 8-23-2006 she was seen by Dr. who recommended pain management injections. The injured employee underwent several injections that did not appear to be very beneficial. On 2-08-2007 she was seen at Healthcare Systems, where recommended a chronic pain management program for 10-sessions.

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

The injured employee has been evaluated properly and previous treatments have not been successful. Records do not indicate that the injured employee is surgical. The requested 10 sessions are adequate to determine the efficacy of the program to evaluate subjective and objective gains. The injured employee has been prescribed and has been on narcotics for an extended period of time. The documentation supports a multidisciplinary pain management 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)