

# P-IRO Inc.

An Independent Review Organization

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## Notice of Independent Review Decision

### **DATE OF REVIEW:**

AUGUST 18, 2007

### **IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Chronic pain management daily x 4 weeks

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

Board-certified in Internal Medicine and specialized in Occupational Medicine

### **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)

Ten Sessions are medically necessary

Ten sessions are NOT medically necessary

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Notification of Case Assignment, Medical Records from Requestor, Respondent, Treating Doctor (s), including:

Carrier correspondence-June 2007 and May 2007

Dr. January to July 2007

Dr. April 2005 to May 2007

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant injured her neck and left shoulder in a motor vehicle accident. She underwent cervical fusion and repair of a torn labrum with little lasting improvement in her symptoms. Psychological testing shows chronic pain, psychological distress, and functional limitations. She has been recommended for entry into a CPMP.

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

The Reviewer has reviewed the applicable guidelines and the peer-reviewed medical literature concerning the use of CPMP in the treatment of neck pain, shoulder pain, and chronic pain syndromes. Use of such a program is indicated when the pain is attributable to a physical cause, previous methods to treat the pain have not worked, and there is significant loss of physical function. The claimant fulfills these criteria. However, the use of such a program is not indicated beyond ten sessions unless objective signs of improvement are documented. Therefore, the use of a trial of ten sessions is warranted. If the claimant has objective improvement in physical and psychological parameters, then the program can be completed. If there is no significant improvement, then the program should be abandoned.

**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)