

IRO Express Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: 12/17/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Multidisciplinary chronic pain management program 5 X 2

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

M.D., neurologist and fellowship trained pain specialist, board certified in Neurology and Pain 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Adverse Determination by dated 10/11/07 as well as 11/08/07
2. Request for an appeal by Healthcare Systems dated 10/23/07
3. Physical Performance Exam and Evaluation by Healthcare Systems dated 10/01/07
4. ODG Guidelines
5. Examination Findings 9/25/07
6. Designated Doctor Exam 9/4/07
7. Dictionary of Occupational Titles/ RFC 9/6/07
8. Spine Institute 6/2/07
9. 3/05 and 11/05
10. 4/05

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant sustained a work-related injury on xx/xx/xx that has resulted in a chronic lumbar spine pain condition. He has undergone multiple modalities for evaluation as well as treatment. The latter has included multiple surgeries to the lumbar spine including laminectomy and fusion as well as installation of his spinal cord stimulator as well as eventual removal of the stimulator. He has undergone physical therapy, psychological therapy, and multiple medication trials including long-acting as well as short-acting opioids as well as Klonopin, Depakote, and Remeron. There is documentation of a premorbid diagnosis of bipolar disorder but also quite believable documentation of psychological consequences from his chronic pain including depression, anxiety, and insomnia. Also noted is the claimant's desire to become more functional and perhaps even eventually return to work. Due to his continued significant pain, despite multiple interventions as well as inability to work at this time, a request for treatment at a multidisciplinary chronic pain program was submitted. Records reviewed indicate that this program would be potentially helpful from a psychological as well as rehabilitative standpoint with hope also to be able to use this program to at least start weaning this claimant off of his long-term narcotic medications and hopefully have him return to a more functional and productive lifestyle.

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

Upon review of the available medical records, the Reviewer agrees with the requesting physicians that this claimant is a good candidate for a multidisciplinary chronic pain management program. He has obviously undergone multiple other treatment attempts, including multiple surgeries, various medications including psychotropic medications as well as strong analgesics in addition to physical therapy, psychological therapy on an outpatient basis, but with ongoing significant pain and disability. Therefore, after a careful review of all medical records, the Review's medical assessment is that this claimant would indeed be an ideal candidate for a chronic 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)**