

P-IRO Inc.

An Independent Review Organization

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DATE OF REVIEW: 7-24-2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Pain management program 5 x per week for 2 weeks / Lumbar

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

Chiropractor

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Request IRO form, TDI letter, Letter, 93+/- pages from medical provider: letter pre-cert dated 6-12-2007 and 5-30-2007, Response to Adverse Determination Dr. Chronic Pain pre-authorization request, Multicare Center letter and medical

dated 5-22-2007, PPE 5-22-2007, 12-14-2006, 8-10-2006, 4-06-2006, Recommendation letter Dr. dated 5-22-2007, Biofeedback test results 12-04-2006, Designated Doctor report 4-12-2007, Bone scan 3-22-2007, X-ray lumbar 5-22-2007, LESI 2-01-2007, Exam review MD, Dr. medical report 12-05-2006, 11-30-2006, 10-26-2006, Daily sheets 17 pages associated DOS, Inst. Of Texas report 9-26-2006, 11-21-2006,

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant reported an injury working as a . The injured employee reported that he was struck by some pipe that fell off of a forklift. The injured employee was transported to the ER via ambulance. The injured employee underwent an examination and diagnostic tests. The injured employee eventually fell under the care of a local doctor, who placed him into therapy with physical modalities and referred him for advanced diagnostic work ups. The injured employee was approved for 10 sessions of work hardening and apparently dropped out before completion. The injured employee completed 10 sessions of chronic pain management program 11-20-2006 through 12-08-2006 and upon completion was reporting pain levels of 8/10VAS. The injured employee underwent several EPI with temporary relief. BDI and BAI scores on 5-22-2007 indicated severe depression and severe anxiety. Currently 10 sessions of chronic pain management program have been recommended.

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

The injured employee reported an occupational injury. The injured employee currently meets the ODG Guidelines entrance criteria of: the injured employee's chronic pain is attributable to a physical cause, previous methods of treatment have been successful, and the injured employee has significant loss of ability to function independently resulting in the chronic pain. The injured employee's condition is not surgical. The injured employee takes pharmaceuticals as a result of the injury. Pre-entrance testing would indicate that the injured employee's condition meets the requirements. Therefore, the 10-sessions of chronic pain management program is medically necessary.

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)