

Clear Resolutions Inc.

IRO REVIEWER REPORT TEMPLATE -WC

DATE OF REVIEW:

MARCH 4, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 Sessions of Chronic Behavioral Pain Management Program

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

D.O., Board Certified in Physical Medicine & Rehabilitation

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

Emergency dept. notes

Treating physician's notes xx/xx/xx, 5/29/01, 6/5/01, 6/8/01, 7/11/01, 11/12/01, 6/26/02, 8/6/02, 9/26/02, 8/29/03, 3/4/04, 4/19/04, 6/29/04, 10/28/04, 5/13/05, 4/19/06, 4/25/06, 5/30/06, 5/31/06, 6/26/06, 6/27/06, 7/31/06, 8/1/06, 8/28/06, 9/25/06, 9/26/06, 10/2/06, 10/10/06, 10/24/06, 11/21/06, 11/29/06, 12/19/06, 12/19/06, 1/5/07

Imaging reports xx/xx/xx, 7/12/01

EMG/NCV

RME 8/27/02, 3/21/03

PATIENT CLINICAL HISTORY [SUMMARY]:

The Patient was injured on, when she twisted while lifting charcoal. She was treated with conservative management including medication, physical therapy and time off work. She apparently also had ESI's and trigger point injections. None of the above produced any significant long-term improvement in her symptoms.

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

The Patient has had what appears to be a very adequate course of conservative treatments. There is a break of several years between her initial treatment records and her relatively current treatment from 2006, which brings to mind the question of just how much impact her injury has had on her functional abilities and quality of life. Additionally, there is no functional capacity evaluation and therefore no validity testing to provide some further context in which to interpret her complaints. At this point, I do not believe there is ample reason presented for her to undergo the requested chronic pain management treatment sessions.

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)