

IRO America Inc.

DATE OF REVIEW: 4-29-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Disputed are ten additional days of a chronic pain management program

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

Board Certified, American Board of Physical Medicine and Rehabilitation with a specialty in Pain Management

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

Case Assignment from TDI, denial letters, Records from provided from March and April including: Chronic pain program evaluations, requests for additional pain management days, peer reviews, and records from Dr. from March.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant sustained a lumbar injury at work as he was lifting and moving heavy parts. After MRI showed discal pathology at L4-5 producing lateral recess and central stenosis, he underwent back surgery. He has undergone twenty days of a chronic pain management program with some physical and psychological gains.

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

This claimant has had an appropriate time in the chronic pain management program already. He has apparently had mild benefits from it, but at this time it seems that he will not return to his former level of activity when he re-enters the work force. The additional permanent gains (if any) that would be made with further physical conditioning at this time are not likely to be functionally significant. Further physical training is thus not warranted.

The current need at this time seems to be the continuation of counseling services to help him further with depression and develop and implement functional coping mechanisms. This need, however, does not warrant another ten days of a chronic pain program. The gains reported on the BDI-II are mild, and both pre and post treatment scores still fall solidly into a significantly depressed category.

He is also apparently not taking any analgesics of any kind, which while it is a good thing, also reflects a reasonably low level of pain.

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)