

# IRO America Inc.

An Independent Review Organization

7626 Parkview Circle

Austin, TX 78731

Phone: 512-346-5040

Fax: 512-692-2924

DATE OF REVIEW:

MAY 15, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic pain management program, twenty sessions.

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

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

Carrier Denials

TDI Case Assignment

Correspondence

Peer reviews

Psychological evaluation

Physician request for reconsideration 5/9/07

Designated Doctor Evaluation 3/3/07, 7/21/06  
Radiology Report 5/3/07  
Doctor Notes 2/7/06-4/30/07  
Orthopedic Surgeon- Initial Medical Consultation 3/7/07  
Consultants- 4/17/06-4/30/07  
Group 4/26/07  
Center- History and Physical 8/16/06  
Imaging- 12/19/06  
MRI 2/28/06  
Surgical - 6/5/06, 7/17/06, 3/19/07, 1/22/07  
Functional Capacity Evaluation- 11/14/06  
MD 2/14/07  
Orthopedics- 3/13/06  
X-Ray Report- 2/22/06  
Radiology Exam Report- 2/3/06

PATIENT CLINICAL HISTORY [SUMMARY]:

The Patient was injured, when a flatbed truck struck him, throwing him 15-20 feet. He sustained cervical, lumbar, left arm and elbow injuries. These have been treated with conservative therapy including oral medications, PT, injections, work-hardening and individual psychotherapy as well as surgical intervention.

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

This Patient has had a work-hardening program from which he failed to gain significant benefit. He has also had individual psychotherapy which he has apparently not responded to. It would therefore seem unlikely that he would derive adequate benefit from a chronic pain 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)