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Notice of Independent Review Decision

DATE OF REVIEW: 02/01/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

20 days (160 Hours) Chronic Pain Management

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

Board Certified in Pain Management
Board Certified in Anesthesiology
Board Certified in Physical Medicine & Rehabilitation

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 11/07/07 thru 01/21/08 –Pain Recovery Center.
2. 12/11/07, 12/28/07 –Company denials.
3. ***Official Disability Guidelines.***

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records indicate an injury of xx/xx/xx. It appears the employee had a computer tower fall onto her foot while at work with ongoing leg pain. The employee is on Celebrex and Elavil.

The employee underwent individual psychotherapy session, biofeedback, and relaxation training with ongoing pain of 5/10.

The compensable injury apparently which is a right foot contusion has been accepted by the carrier. Depression, sleep disorder, mood swings, and decreased appetite are disputed.

The employee was referred for 160 hours of a pain management program.

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

There was no information as to previous treatments such as therapy, injections, imaging studies, etc. The information would indicate a relatively benign injury, a foot contusion. There was no information indicating any pathology, no imaging studies, no evidence of sympathetic dystrophy, no evidence of fractures, etc. The information would seem to indicate nothing more than a contusion. The employee does have some issues which are not related to the injury, and therefore, not reasonable to treat including depression, anxiety, and chronic pain. The work related injury is a relatively recent event. This injury does not justify the services that are recommended or requested; i.e., pain management. The employee is not taking any prescription narcotics which should be detoxed.

Therefore, this information would indicate that the requested services are inappropriate and not substantiated by the medical records, and **Official Disability Guidelines** would not be supportive of a twenty day multidisciplinary pain management program.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

1. OFFICIAL DISABILITY GUIDELINES.