

# **I-Resolutions Inc.**

*An Independent Review Organization*

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## **Notice of Independent Review Decision**

**DATE OF REVIEW: MARCH 10, 2008**

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Chronic Pain Management Program x 20 Sessions

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

M.D., board certified Orthopedic Surgeon, board certified Spine Surgeon, board certified 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)

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 1/31/08, 2/12/08  
Official Disability Guidelines, Behavioral Treatment, Low Back, Pain  
Letter to IRO from MD, 2/27/08  
MD, 2/4/08, 1/28/08  
M.Ed., LPC, 1/10/08  
DO, 2/27/07  
Dr. and Dr. 7/12/07  
MRI Cervical Spine, 11/9/06  
MRI Lumbar Spine, 11/9/06  
MD, 6/28/07  
FCE, 5/3/07

### **PATIENT CLINICAL HISTORY (SUMMARY):**

This is an injured worker who was injured while employed as a xx who was working with insulation in a trailer on a ladder. A co-worker behind him had an air gun, which he laid onto the floor. The cord was wrapped around the injured worker's right leg, and it pulled him back, causing the examinee to fall backwards, injuring his head, low back, and neck. He has had numerous investigations including MRI scan of the lumbar spine and cervical spine. The lumbar spine MRI scan showed no abnormalities. The cervical x-rays and MRI scan showed no abnormalities. He had a CT scan of the brain, abdomen, and pelvis, which were all normal and unremarkable. There was some anterior spondylosis at L4 on a plain bone film. He had a Functional Capacity Evaluation, which revealed that the physical level was sedentary. He also injured his wrist.

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

The reviewer finds that a Chronic Pain Management Program x 20 Sessions is not medically necessary for this patient.

The reason for this denial is based upon the medical records and the relevance to the ODG Treatment Guidelines. The injured worker had an upper extremity and neck injury. He had extensive treatment. He apparently has a third-grade education, and there is no progress noted, particularly when taking the FCE into consideration, that he can return to a laboring job. His current diagnosis is psychalgia, which is said to be distress attending a mental effort, noted especially in melancholia. This is a diagnosis for which a chronic pain program would not be medically necessary to manage. He has not responded to previous behavioral intervention, and an interdisciplinary-type program, in all reasonable medical probability, would not address his psychological diagnosis. With this in mind, the reviewer upholds the previous adverse determination.

### **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)