

True Resolutions Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: October 8, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management X 160 hours

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

A Chiropractor with 12 years of treating patients in the Texas Workers' Compensation system as a level II approved treating doctor

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

OD Guidelines
Denial Letters 7/24/08 and 8/22/08
Records from : IRO Position Statement No Date; Rational for Appeal No Date; Psychosocial Report 5/29/08; Record 7/14/08; Pre Auth Request No Date
Records from Dr. : 9/12/08 and 6/20/08
Records from Dr. 8/21/08
OP Report 4/26/07
Record from 7/23/08
Records from 6/18/08 and 5/29/08
MRI 3/14/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured on xx/xx/xx while working for . He was lifting a box of bananas from the shelf to the floor and felt a pop in his back. He fell to the floor and could not get up.

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

The Chronic Pain Management X 160 hours is not reasonable or medically necessary according to the below referenced criteria. It appears from the notes that the patient returned to work the first time because of financial difficulties. Which was premature and against the treatment plan. This noncompliance could have led to further injury exacerbating the complaint and convoluting the original injury from a premature attempt to work. Although attempting to work is a gauge to see how the patient is improving, it has to be done with the discretion of the treating doctor not the patient. Also, due to the possibility of re-injury and the amount of time from the injury (x years) and time from the surgery (1 ½ years), a positive outcome is not reasonably expected. Therefore, the Chronic Pain Management X 160 hours is not reasonable or medically necessary.

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)**