

SENT VIA EMAIL OR FAX ON
Aug/12/2009

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/06/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual Psychotherapy Sessions X 6

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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 5/29/09 and 6/16/09
5/15/08 thru 6/26/09
Ortho 6/1/09
Psych Eval No Date
Ortho 5/8/06 thru 3/12/09

PATIENT CLINICAL HISTORY SUMMARY

This is a xx year old injured in xxxx. He had a second unrelated injury in xxxx and then underwent a L5/S1 hemilaminectomy by Dr. He continued with low back and left lower extremity pain and Dr. considered a fusion. This man wanted other opinions. He saw Dr. in June 2009 who felt there could be spinal instability. He said a spinal fusion may help, but

would not cure his symptoms. He requested a discogram. Dr. performed an RME and felt the man had a failed back syndrome and a fusion may be necessary.

Dr. wrote on 10/22/08 "the patient was an ideal candidate for a comprehensive pain program environment to improve his overall physical and mental strategies for coping with his ongoing back program."

He was in 20 sessions of a chronic pain program November and December 2008. The program included pain management, psychoeducation, relaxation and meditation. There was an interruption that Dr. stated happened when the insurance company failed to authorize the additional treatment program. Dr. (12/17/08) noted the benefits this man had in the program.

Dr. records provided the bulk of the material reviewed. His last note of 6/26/09 included the request of the psychology sessions to assist with additional coping strategies. His wife (4/30/09) left him since completion of a pain program in December 2008. The note from 5/28/09 described high levels of anxiety and depression.

There is an undated addendum by Dr. He recognized that the man graduated from a chronic pain program, but requested 6 additional treatment sessions as an aftercare for his ongoing depression and an altered lifestyle. Dr., a prior reviewer, stated Dr. understood the rationale for the denial based upon the duplication with the prior pain program, rather than the "aftercare" permitted in the ODG.

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

The persistent anxiety and depression are issues. The proposed program does not meet the behavioral treatment described in the low back pain and the chronic pain sections of the ODG where the psychology services/behavioral programs are designed to supplement the therapies before any pain management programs. He did not demonstrate the functional gains and additional surgery is under consideration. The ODG guidelines, in fact, refer patients to chronic pain programs. The Chronic Pain Program does allow for some additional "time-limited, less intensive post-treatment..." however the program requested is to teach additional skills to cope with potential pain medication and coping skills that were to be addressed in the primary pain program. The marriage issue is another stress point that was not previously present. Coping should have been addressed in the prior 20 pain program sessions.

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)