

SENT VIA EMAIL OR FAX ON
Aug/24/2009

True Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (214) 717-4260
Fax: (214) 276-1904
Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/14/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management 10 sessions

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 6/3/09 and 6/28/09

9/30/08 thru 6/18/09

5/8/09

Dr. 6/16/08 thru 6/1/09

MRI 1/14/09

12/9/08

Dr. 10/6/08

9/5/08

CT Lumbar 10/13/08

Lumbar Myelogram 10/13/08

Dr. 3/31/09

Dr. 12/15/08

PATIENT CLINICAL HISTORY SUMMARY

This is a xx-year-old woman injured on xx/xx/xx when her van was struck by a high-speed tractor-trailer. Among her injuries included back pain. An MRI suggested a T2 fracture, but the MRI, CT scans and myelogram showed degenerative changes in the lumbar spine without nerve root compression. There is L5/S1 facet arthropathy. EMGs reported no evidence of radiculopathy. She did not improve with therapies and ESIs. She is on Paxil and APAP, but not on any opiates. She is functioning at a light medium PDL, but her job required medium level for lifting. She reportedly continues with level 6-10 of pain, but can be as low as 4. Mr. described ongoing pain behaviors, functional loss, dysfunction, social avoidance and abnormal coping skills. There are concerns of her ability to return to work. .

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

The issues of the chronic pain clinics are for vocational, functional and psychological support. She is not using excessive pain medications. She reports functional loss. The degenerative changes described on the multiple radiological studies were present before the accident. The Reviewer is not clear of the pain generator. The Reviewer is also not clear if she will be able to return to her prior job even with the pain program based upon the degenerative changes in her back, and the physical demand described. It would appear that there are no other treatment options available. She has pain and the Reviewer must rely on the vague description of functional and social problems described by Mr. . Therefore, the request is medically necessary.

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)