IRO Express Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/02/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
10 additional visits of chronic pain management 5 X 2

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Clinical psychologist; Member American Academy of Pain Management

REVIEW OUTCOME:

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

[ ] Upheld (Agree)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Denial Letters 6/18/09 and 7/2/09
10/20/08 thru 6/30/09
Test 6/15/09
Dr 3/10/09
DNS 5/20/08

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a xx year-old female who sustained a compensable, work-related injury to her head and neck on xx/xx/xx. Patient was performing her usual job duties as a , and was in the process of re-setting a video game, when the sliding door closed tightly on her head, squeezing it and necessitating that she use force to extract herself from this vice-like situation. Since then, she has experienced severe headaches, dizziness, tinnitus, vertigo, neck pain, and memory loss. Patient was taken off work and remains in basically an off-work status at the current time (she is able to spend a few hours per week selling xxx). Patient has a B.S. in math and computer science, and desires to return to a job full-time.

Over the course of her treatment, patient has received x-rays, head CT's (negative), cervical MRI, VNG test, ENT evaluation, neurology evaluation, active physical therapy, psychological evaluations, individual therapy, no injections (denied), 20 days of CPMP, and medications management. Patient has been diagnosed with closed head injury, postconcussion syndrome, vestibular neuritis secondary to trauma, cervical spinal stenosis versus spondylosis, reactive anxiety and depression, and chronic pain syndrome. Her current medications include Darvocet N100 1 po BID, Meclizine 25 mg daily, Fexeril 10 mg BID, and Elavil 10 mg prn.

Patient was approved for, and has attended, 20 days of a CPMP. The current request is for an additional 10 days of CPMP. Report indicates that patient has made the following progression while in the program: reduction of narcotic medication usage (Darvocet N-100 from QID to BID), reduction in depression, (from self-rated 6/10 to 4/10), improved physical functioning, decreased ratings of irritability and frustration, and improved PDL from Sedentary to Sedentary-Light. Goals for the last 10 days of the program are to focus on: achievement of the required RTW Light PDL, independence in ADL's, improved strength and ROM, continued titration of Darvocet and Flexeril, continued reductions in anxious/depressed mood, use of proprioceptive exercises to improve balance and coordination, and increased focus on vocational attainment.

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

After a careful review of all medical records, over the first twenty days of the program, patient has been able to significantly increase her functioning despite continued high pain levels and post-concussive sequelae. His PPA shows that she has improved her lifting ability from unable to lifting 15 pounds, has increased her standing and walking tolerances from 20 minutes to 45-60 minutes without the use of her cane. Overall, report indicates she has improved her physical functioning significantly, but still needs to meet functional goals of: performing ADL's, functional lifting exercises, and work activities with decreased complaints of pain, guarding, bracing, fear, and self-limiting behavior. Lifestyle alterations as well as psychosocial self-reports also seem to have improved, and report indicates patient is motivated to return to work in her previous, or a related, job field with a different employer. Neurology report 1 month after the injury describes and diagnoses CHI and post-concussive syndrome. H&P almost a year later continues to describe the same symptoms. Although most post-concussive symptoms subside within 6-9 months, for the 10-15% of patients who continue to experience symptoms after this time, intensive intervention is required in order to prevent what can become a life-long problem, with symptoms remaining. Patient is lucky to have found this program, has shown improvement with this program, but has not plateaued and still has functional and behavioral goals to meet. Discontinuation at this point could mean the difference between continued disability and off-work status or productive participation if the workforce for this patient. ODG states "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Patient should be at MMI at the conclusion". It is reasonable to believe that patient is not currently at MMI, and patient's functional, physical, and emotional RTW goals can be achieved. As such, this request is deemed reasonable and necessary per TDI-DWC and ODG.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)