



DATE OF REVIEW: 12/07/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten days of a multidisciplinary pain management program

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

The ODG criteria have not been met to substantiate the medical necessity of the requested program.

INFORMATION PROVIDED FOR REVIEW:

1. TDI Referral
2. URA findings 4/28/08 to 9/29/09
3. mental health evaluation, 1/23/09 to 7/14/09
4. Focus, FCE, 3/12/09
5. Medical, office notes, 7/9/09
6. CPM notes, 3/12/09
7. Ph.D., Letter of Medical Necessity, 7/14/09
8. Medical, MRI-cervical, 3/5/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual sustained a low back and neck injury, but the mechanism of injury is unknown. MRI scan shows bulging discs, and treatment has included chiropractic care, physical therapy, and medications. Various diagnoses have been entertained but not substantiated.

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

Per ODG, there should be no other options for the injured worker. This individual does not have a firm diagnosis and has not had other modalities utilized such as diagnostic injections.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)