

SENT VIA EMAIL OR FAX ON
Feb/05/2009

Pure Resolutions Inc.

An Independent Review Organization
1124 N Fielder Rd, #179
Arlington, TX 76012
Phone: (817) 349-6420
Fax: (512) 597-0650
Email: manager@pureresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/28/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

chronic pain management X 20 visits

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

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

PATIENT CLINICAL HISTORY SUMMARY

This is a woman who fell on xx/xx/xx and landed on the pelvis and right knee. She was found

to have a coccygeal fracture and underwent a partial coccygectomy on 3/12/08 by Dr. She underwent a right medial meniscectomy on 8/22/07. She continues to have pain. Her workup included several CT scans of different regions and an MRI (8/17/07) of the coccyx that suggested a fracture at C1. There was also a right posterolateral disc protrusion at L5/S1 compromised the right neural foramen. Electrodiagnostic studies by Dr. were consistent with a L 5 radiculopathy (he wrote bilateral multilevel). He could not clinically discern a specific neurological loss. She remains with pain, especially in her back with sitting, riding, bending, standing, but without Valsalva related symptoms. Dr. recommended Work Hardening and she had an FCE. Dr. performed a psychological assessment. He was concerned over her narcotic dependency, pain and depression. He noted psychological fatigue during the exam. He felt pain management was more appropriate than work hardening. Dr. wrote on 11/18/03 that she "is unfortunately addicted to opioids and hydrocodone...and she admits that she is addicted."

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

There are several issues to be considered for the pain program. The Reviewer gathers that she is motivated to improve as described in the Predictors of Success and Failure as cited in the ODG.

It is important to differentiate if this lady is truly addicted to opioids or dependent upon them. This is a bit more than semantic in that it reflects the decision for the treatment program. If there is true addiction, it should be addressed first. Some people use the words interchangeably, but they have different meanings. The key point in Predictor number 8, the "Prevalence of Opioid Use." Hence the importance of differentiating dependency vs. addiction. This is again a factor in items 1) and 6) of the criteria paragraph. I presume she is actually dependent rather than addicted, but this should be clarified before proceeding further. Her injury is not quite 2 years old. This is a negative, but not exclusionary factor.

Criteria 9 and 10 state that the pain programs should initially be for 10 sessions over 2 weeks. An extension for another 10 sessions (20 in all) will be determined by how effective the first ten sessions were. Dr. Fowler requested 20 sessions, not 10. The rules require approving all 20 sessions or none of the sessions. Since the criteria to be used is the Official Disability Guideline, the Reviewer cannot justify 20 sessions and must deny the pain program.

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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