

SENT VIA EMAIL OR FAX ON  
Jul/14/2009

## IRO Express Inc.

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jul/13/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

10 trial sessions of Chronic Pain Management

**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 5/27/09 and 6/15/09

CPR—2/3/09 thru 6/29/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is a woman injured in xxxx. She subsequently underwent 5 back operations including a fusion from L2-S1. She had been in and was unable to complete a work hardening program. She received some relief with a spinal cord stimulator, but the benefits wore off. Attempts to reutilize it were unsuccessful. She did not improve with spinal injections. She is currently seeing Dr. who advised a pain program. Dr. and Dr. concur. She has poorly controlled diabetes. Dr. continues to appeal her prior denials informing that he will withdraw from her care if not approved. He noted that the goals are to possibly return to work, but largely to reduce her use of opioids and learn coping skills. She is on hydrocodone and MS Contin. Dr.

wrote on 6/11/09, "A reputable chronic pain program has not been tried so why not try something that has not been tried instead of going back to things that have not worked in the past."

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

There are several factors that are looked at in the ODG regarding chronic pain programs. The negative predictors address her ability to return to work. That is statistically not likely this far removed from the time of the injury. Further, it relies on patient motivation. Opiate use is both a negative factor, but can also be addressed in programs to wean her from the medication. Dr. noted this is a key goal. The negative predictors also relate to the interval from the injury date and the need for the opiates. The significance for the program start from the time of injury has been looked at from both points of view in the ODG. Further, it recognizes that there are times when chronic pain is not managed successfully with controlled substances. It also recognizes that the program may be appropriate when there are no other treatment options to be considered. There was nothing suggestive of opiate abuse. These are factors suggestive that she may benefit from the pain program. Texas Medical Board Chapter 170 addresses the role of physicians and opiate/opioid use. It advises any program that can reasonably reduce the need for these medications. This is the goal described by Dr. rather than the return to work. As such, she should be considered a candidate for the pain program.

ODG--Chronic pain programs (functional restoration programs)

**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)