

I-Resolutions Inc.

An Independent Review Organization
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DATE OF REVIEW:

May/26/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program x 10 Additional Sessions

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

MD, 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

ODG Guidelines and Treatment Guidelines
Determination Letters, 4/2/09, 3/23/09
Behavioral, 3/25/09
DC, 12/10/08, 12/1/08, 11/7/08, 10/23/08, 10/20/08,
10/14/08, 10/13/08, 10/10/08, 10/7/08, 10/3/08, 5/19/09, 4/21/09, 3/30/09,
3/13/09, 12/19/08, 1/20/09
Progress Narrative, 2/13/09
CPMP Treatment Plan, 1/29/08
CPMP Progress Note Week 4, 2/6/09,
Week 5, 2/13/09
Week 2, 1/9/09
Healthcare Systems, 10/20/08, 1/20/09
FCE, 11/14/08
Evaluations, 1/23/09, 1/22/09
1/22/09

PATIENT CLINICAL HISTORY SUMMARY

This is a man who developed back pain in xxxx. He has a diagnosis of a radiculopathy, the EMG result was not provided. His MRI reportedly showed disc protrusions and a possible L5 radiculopathy. He did not improve with ESIs and facet injections. He was admitted to a pain program in January and missed many sessions. Dr. wrote that this was due to lack of

transportation. He was considered not to have made progress, but Dr. wrote that the pain was less, he was no longer on Norco (possibly related to a drug screen last fall) and that his function had improved some. A prior reviewer was concerned over the minimal improvement of function, persistent need for antidepressants, lack of improvement and missed sessions.

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

The issue is not whether this man should be in a pain program, but rather are the additional 10 sessions medically necessary. The original plan was for 20 sessions, but this was not continued after the first 10. He missed many sessions. As Dr. noted (4/21/09), the patient lived many miles away and could not get reliable transportation to complete the program. He did better following his program when he was in a local hotel. The records show there is pent up anger over this, as this man's hand written complaints over his RME demonstrate. He argued about not having the money for his mother to pay for the gas to go to the RME and other treatments. Dr. noted that he needs to work on his GED and look for a less physical job. A negative outlook of future employment is a negative predictor for a successful outcome. However, it appears that Dr. are working to help him with the residence site and the letters of appeal. The records show that the patient realizes that he needs to work at getting better. The request meets the guidelines. The reviewer finds that medical necessity exists for Chronic Pain Management Program x 10 Additional Sessions.

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)