

SENT VIA EMAIL OR FAX ON
Nov/21/2009

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/20/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program

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

Chiropractor

AADEP Certified

Whole Person Certified

TWCC ADL Doctor

Certified Electrodiagnostic Practitioner

Member of the American of Clinical Neurophysiology

Clinical practice 10+ years in Chiropractic WC WH Therapy

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 10/27/09 and 10/13/09

FOL 11/9/09

Dr. 12/18/08 thru 10/30/09

FCE 9/9/09

MRI 2/13/09

Lumbar Spine 12/19/08

Dr. 10/28/09

Dr. 6/1/09

Peer Review 6/26/09

IRO Review 6/15/09
12/19/08 thru 7/29/09
12/23/08
PT Report 1/12/09

PATIENT CLINICAL HISTORY SUMMARY

The injured employee was involved in an occupational injury in xx/xx/xx. The injured employee was carrying a food tray when she tripped over an IV pole. The injured employee eventually underwent a MRI of the cervical and lumbar spine. The injured employee underwent an ESI which increased her symptoms. The injured employee has undergone massage, PT, medication management, ESI, MRI, EMG/NCV, FCE, psychological evaluation, and work conditioning. She has completed 20 sessions of physical therapy. The injured employee has completed 10 sessions of work conditioning; however, did not continue due to no additional physical gain and a plateau in therapy. Peer review dated 6-26-09 by Dr. DO stated that the injured employee does not require a return to work program and should return to work without restrictions. The injured employee was assessed by DDE on 6-01-09 and it was determined that the injured employee was not at MMI, recommended MMI dated was 9-01-09. On 10-30-09 the injured employee was assessed at MMI and assigned an IR of 5%. Examination findings dated 10-30-09 from Dr. revealed a muscle strength of 5/5, normal reflexes, mild palpable tenderness without muscle spasms, radiating low back pain and neck stiffness, no complaints of mental problems, and no additional test or studies need to be completed at this time. The injured employee has been recommended for ten (10) sessions of chronic pain management, which are now being requested at this time.

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

The injured employee currently does not meet the required guidelines for 10 sessions of chronic pain management as requested. The injured employee has negative predictors, such as smoking and diabetes. The injured employee has already completed a work conditioning program. ODG does not recommend re-enrollment in nor repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, out-patient medical rehabilitation)

There is no evidence of radiculopathy or disc herniations. Dr. consistently documented that the claimant is capable of returning to full work without restrictions and documented that the claimant's subjective complaints are out of proportion to any objective findings. The injured employee was assessed at MMI and assigned an IR of 5% by the treating physician whom additionally noted that the injured employee does not have any mental complaints. Additionally, muscle testing was graded at a 5/5 with normal reflexes and no positive findings of stress, depression, anxiety, or other related factors in report.

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)