



Notice of Independent Review Decision

AMENDED REPORT
Incorrect format used for report.
Bolded areas indicate corrections

Initial Report: 10.26.09
Amended Report: 10.26.09

DATE OF REVIEW: 10/22/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Eighty hours of a chronic pain management program

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified Neurologist, fellowship trained and with Added Qualifications in Pain Management

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial dated 09/10/09 and 08/17/09
3. Attorney's correspondence dated 10/08/09
4. Request for pain management program dated 08/11/09 and reconsideration dated 09/01/09.
5. Functional Capacity Evaluation dated 08/04/09
6. History and Physical dated 08/06/09
7. Behavioral Health Intake Update dated 11/18/08
8. Followup notes dated 03/11/09, 05/06/09, and 07/29/09
9. Radiology reports, 01/27/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant sustained a work-related injury while attempting to assist in lifting a heavy object, injuring his lower back. Date of injury was xx/xx/xx. Documentation provided indicates that this claimant has undergone multiple treatment attempts over the years, including a lumbar fusion surgery, pain management utilizing various modalities, most significant for implantation of a morphine pump in addition to lumbar spine injections, etc. The claimant has undergone physical therapy and has undergone multiple medication files, currently requiring long-acting opioids. There is some documentation of mood issues including depression as well as sleep disturbance. Requested service has been denied by previous reviewers, indicating a "low likelihood" of any successful outcome for this claimant.

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

Though I agree that the amount of time that this claimant has been out of work makes it difficult to assume that he will get back into the workforce, I do feel that this claimant should be given the benefit of the doubt with a multidisciplinary, multifaceted chronic pain program approach. This claimant has clearly undergone multiple other treatment modalities and attempts, and, therefore, I believe meets the criteria usually utilized to proceed with a chronic pain management program.

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

- 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.)