

SENT VIA EMAIL OR FAX ON  
Nov/02/2009

## IRO Express Inc.

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Nov/01/2009

**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 9/23/09 and 9/14/09

Clinic 5/27/09 thru 9/17/09

OP Report 6/9/08

Pain 5/13/09

Care Clinic 7/16/08 thru 3/31/09

MRI 2/21/07

Dr. 12/10/08

Therapeutic Eval 7/20/09

### **PATIENT CLINICAL HISTORY SUMMARY**

The injured employee was involved in an occupational injury in xx/xx/xx. The injured employee apparently slipped and fell and injured her left shoulder. The injured employee underwent MRI, medication, FCE/PPE, physical therapy, and eventually a left rotator cuff repair and MUA. The injured employee underwent post operative therapy. On 7-20-2009 the injured employee underwent a psychological evaluation and approved for 10-sessions of chronic pain management. The injured employee has completed 10-sessions of chronic pain management with improvements in BDI for 27 to 23 and BAI for 30 to 25. The injured employee has also improved her anxiety, depressive symptoms, learned pain management techniques, alternative methods, behavior therapy, and relaxation techniques. An additional 10-sessions are now being requested to complete a total of 20-sessions.

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

The injured employee currently does meet the required guidelines for an additional 10 sessions of chronic pain management (for a max total of 20-sessions) as requested and as recommended by ODG.

The injured employee does have psychological and physical barriers that were met prior to approval of the prior 10-sessions. The injured employee is has failed to return to pre-injury state. The injured employee has improved with the prior 10-sessions of CPM.

### **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)