

SENT VIA EMAIL OR FAX ON
Sep/14/2009

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Sep/09/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Outpatient Chronic Pain Management Program X 10 sessions

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 7/15/09 and 8/6/09
Health 1/8/08 thru 7/30/09
7/6/09
1/13/09
Dr. 1/13/09
12/13/07
MRI 5/7/07
Dr. 1/31/08 thru 8/3/09
Dr. 7/23/09
OP Report 2/6/078
3/07 thru 8/09

PATIENT CLINICAL HISTORY SUMMARY

This is a woman injured on xx/xx/xx. Her MRI in 5/07 showed right L5/S1 paracentral disc contacting the right S1 root and a L4/5 disc contacting the right L5 root. She had preoperative psychological assessment that showed significant anxiety and depression. She subsequently underwent microdiscectomies at these levels in 2/08. She had ongoing pain. She had 20 sessions of a chronic pain program. Mr. wrote that she had increased pain, but there was some 1-grade improvement in irritability, tension, and 2 grades improvement in sleep and forgetfulness, and a 3-grade improvement in frustration management. Mr. (7/30/09) noted she was at a light PDL and needed to be at a medium PDL level for work. He felt the additional 10 days would be necessary to improve her walking, lifting, pushing and reach the medium PDL level. Dr. performed an RME on 7/23/09 and found no evidence of a radiculopathy. He felt she had postlaminectomy syndrome that required treatment. He advised reduction in the use of pain medication and muscle relaxers. He wrote, "pain management has already been completed... She already has had physical therapy and there is no indication for additional therapy and home exercise program should already had been instituted."

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

The argument is not whether this person needed to be in a pain program, but whether there is justification according to the ODG to warrant 6 weeks rather than the 4 weeks usually permitted. The gains described by Mr. over the 4 weeks are moderate at best. Mr. attributed the worsening pain to the reduction of pain medications. The ODG describes the pain could increase and then improve with treatment. The RME by Dr. stated that additional physical therapy, that would be required to reach a medium PDL level was not medically necessary. He also wrote that the pain program had been completed, although that may have been his impression with the end of the 20 sessions authorized. Mr. addressed the goals anticipated with the extension, but failed to explain why these were not reached with the completed 20 sessions. Dr. as an RME gave the description that the additional formal therapies that would be necessary to reach the medium PDL were not necessary. The Reviewer did not find enough information to justify variance from the ODG approved time frame.

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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)