

# I-Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Mar/26/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

80 Hours Chronic Pain Management Program (10 sessions x 8 Hours per session), Lumbar Spine

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

MD, Board Certified in Physical Medicine and Rehabilitation  
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**

Adverse Determination Letters, 1/28/10, 2/17/10  
xxxxx 3/10/10, 2/5/10, 1/22/10  
M.Ed., L.P.C. 1/14/10  
Functional Testing 1/14/10  
xxxxx 1/26/09, 12/12/08  
xxxxx 12/4/08  
M.D. 12/4/08, 8/25/08, 11/12/07, 3/14/08  
MRI 8/17/05, 8/15/05, 6/6/05, 3/30/08  
xxxxxx Report 6/1/05  
MRI 5/6/05  
Functional Abilities Eval. 9/19/05  
M.D., M.R.C.P. 3/23/06  
xxxxx 4/28/06  
ODG Guidelines and Treatment Guidelines

**PATIENT CLINICAL HISTORY SUMMARY**

This is a man injured on x/xx/xx. In 2006, he had a laminectomy and rotator cuff repair. He declined surgical care of the cervical spine. He was in 20 sessions of a chronic pain program from 12/08-1/09 and reportedly made progress. He has a PDL in the light medium level. Testing in January 2010 showed elevations of the BDI and FABQ. Dr. and Ms. requested enrollment in a second pain program. Dr. and Dr. noted that the patient "experienced mixed results from the previous treatments he has received in relieving his pain." While Dr. notes the need for this patient's treatment, there is no mention of the prior pain program that this patient completed in January 2009.

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

The records indicate that this man completed 20 sessions of a pain program in January 2009. The ODG is clear about not repeating a completed program. *“At the conclusion and subsequently, neither re-enrollment in repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, out-patient medical rehabilitation) is medically warranted for the same condition or injury (with possible exception for a medically necessary organized detox program).”* This man is also five years post injury. The ODG notes “there is little research as to the success of return to work with functional restoration programs in long-term disabled patients (> 24 months).” It was not explained in the records presented for review why this man should be treated at this late date after completion of a similar program last year. The reviewer finds that medical necessity does not exist for 80 Hours Chronic Pain Management Program (10 sessions x 8 Hours per session), Lumbar Spine.

**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)