

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/29/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program x 10 sessions

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 Determinations, 2/1/10, 2/17/10
Pain and Recovery 3/15/10, 2/10/10, 1/26/10, 12/22/09, 11/11/09
M.Ed., L.P.C. 11/5/09
Functional Testing 11/5/09
MRIOA 1/29/10, 2/16/10
ODG Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This is a man who reportedly injured his back slipping on xx/xx/xx. Ms described him as having a disc bulge at L5/S1 and having undergone surgery on 7/24/09. He had an FCE on 11/5/09 that showed him to be at a medium PDL while his work required him to be at heavy PDL. He had 20 sessions of treatment. His BDI score improved from 27 to 21. The BAI improved from 26 to 23 and his pain improved from 8 to 5. The different clinicians feel that he needs additional treatment. Dr. state he has not plateaued. He has not met the functional goal. He has not mastered his pain and stress and is at a risk for relapse.

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

The ODG permits up to 20 sessions in a pain program provided there is documented physical and subjective progress. I do not see any post treatment FCE to confirm that progress. Sessions beyond 20 require an explanation of why the goals were not reached within the allotted 20 sessions and a specific individualized treatment program. This information was not provided. The only reasons for the extension provided were that he had not met the goals and was at a risk of relapse. That does not justify the requested extension as per ODG criteria. The reviewer finds that medical necessity does not exist for Chronic Pain Management Program x 10 sessions.

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)