**SENT VIA EMAIL OR FAX ON**
**Apr/01/2010**


# Pure Resolutions 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:**
Chronic Pain Management X 10 sessions related to chemical burns to the face

**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:

[ X ] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**
OD Guidelines
Denial Letters 2/3/10 and 2/18/10
2/10/10 thru 3/15/10
Dr. 12/22/09
WCE 12/18/09
Dr. 1/7/10
Office Visits 8/13/09 and 8/20/09
Dr. 11/16/09 thru 1/29/10
Dr. 1/26/10

**PATIENT CLINICAL HISTORY SUMMARY**

This injure xx/xx/xx when an inmate through a combinaton of bleach and urine in her face. She apparently sustained some burns. Dr. has been following her and described some hypersensitivty in the area. His main diagnosis is posttraumatic stress disorder. She has anxiety and depression. She saw Dr. as a designated doctor and Dr. a plastic surgeon did not describe pain. Dr. mentioned some preexisting facial issues. There is a passing note about Dr., a pain doctor, but no details. Dr. felt she needs a pain program. Ms noted she needed some treatment for her pain (1-1/2). She is not taking any pain medications.

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

The description does show a significant amount of psychological issues present. There is probably enough for the treatment of PTSD. The comments are of hypersensitive area from the chemical burn, and Dr. felt they were essentially healed. While there is a need for treatment, the IRO reviewer did not find enough to meet the ODG criteria for a pain program where musculoskeletal conditions dominate. Since treatment for psychological issues including posttraumatic stress disorder have not been completed, the IRO reviewer does not see that she meets the ODG requirements for a pain program.

**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**

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

**[ ] MILLIMAN CARE GUIDELINES**

**[ X ] 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)**