

SENT VIA EMAIL OR FAX ON
Aug/03/2010

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/31/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional Chronic Pain Management X 10 sessions

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

AADEP Certified

Whole Person Certified

Certified Electrodiagnostic Practitioner

Member of the American of Clinical Neurophysiology Clinical

practice 10+ years in Chiropractic WC WH Therapy

Chiropractor

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 6/29/10 and 7/13/10

Dr. 3/22/10 thru 6/21/10

MRI 6/26/08

Electrodiagnostic Study 7/3/08

CPM 3/24/10

Behavioral Health 2/24/10 thru 7/20/10

3/15/10

Chiro & Rehab CPMP 6/4/10 thru 6/25/10

IRO Summary 7/22/10

Peer Review 7/6/10

PATIENT CLINICAL HISTORY SUMMARY

The injured employee injured her low back when she bent over to pick some off the floor. The injured employee was transported to ER. The injured employee underwent chiropractic treatment, physical therapy 19 sessions, work conditioning 14 sessions, psychological treatment, and 10 sessions of chronic pain management. Additionally, the injured employee has undergone medication, MRI, EMG/NCV, FCE, muscle testing, and DME. The injured employee had recently completed 10 sessions of chronic pain management program and had shown improvements in all categories both subjectively and objectively.

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

The injured employee does meet the required guidelines for 10 additional sessions of chronic pain management. The injured employee has benefited from the 10 sessions trial and showed subjective and objective improvements as required by ODG. The injured employee appears to have made improvements in all categories. In view of the improvement in the 10-session trial of chronic pain management, 10 additional sessions would be considered reasonable and necessary.

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)