

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/26/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 Hours of chronic pain management (8 hours per day, 10 sessions)

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

MD, Board Certified in Physical Medicine & 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

ODG-TWC

Adverse Determination Letters, 5/28/10, 6/24/10

Accuhealth 5/15/09 to 7/2/10

Medical Center 12/28/07, 2/17/08, 12/27/07, 3/1/08,
1/10/08

Medical Center 9/14/09, 10/22/09

M.D. 7/17/09, 5/28/09

M.D. 10/28/09, 12/17/09, 12/2/09

M.D. 5/28/10

Spine Specialists 11/9/09, 10/22/09, 10/12/09, 9/3/09

M.D. 2/18/09

PATIENT CLINICAL HISTORY SUMMARY

This is injured with a 18-20 foot fall on xx/xx/xx where he landed on his head. He sustained a closed head injury with a hemorrhage in the left internal capsule, a C1 burst fracture, a scapular fracture and a femoral fracture. The latter required ORIF. He had been in a rehabilitation program. The electrodiagnostic studies show compressive neuropathy in the upper extremity and polyneuropathy and radiculopathy in the lower extremities. He had ongoing neck pain and headaches and scapular/shoulder pain. The MRI showed multiple level degenerative changes with C5/6 disc bulges compromising the central canal and right lateral recess stenosis. He had PT and psychological treatments. He had ESIs and trigger point injections. He had 8 sessions of chronic pain therapy over 6 weeks. Dr. stated this was due to the insurance company. He had minimal gains in his pain level, BDI and BAI scores. He remains on 1 or 2 hydrocodone. His PDL improved from sedentary to sedentary to light. He remains unable to reach, climb, lift or carry. He had a forensic psychiatry exam by Dr..

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

Dr. has noted this patient's lack of compliance with the PRIDE pain program. He also noted

that Dr. has questioned the validity of this man's ability based on the psych testing. Dr.'s assessment of the MMPI-2 was that his symptom distress "may be in excess of what is actually true." He noted that the testing showed some psychopathology. Dr. further wrote "He is unlikely to benefit from a chronic pain management program and is likely to have an incomplete and not lasting response to most interventions. " He advised limited psychiatric support for the somatiform condition.

The ODG does not recommend patients be in a pain program if there is psychopathology present. In this case he had a pain management trial without demonstrable improvement ("objective and subjective gains"). The ODG acknowledges there can be an increase in pain, but only when associated with increased activity. I did not see that this occurred. Based on the records reviewed and the ODG, the reviewer finds that medical necessity does not exist for 80 Hours of chronic pain management (8 hours per day, 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)