

US Resolutions Inc.

An Independent Review Organization
1115 Weeping Willow
Rockport, TX 78382
Phone: (512) 782-4560
Fax: (207) 470-1035
Email: manager@us-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/23/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 additional sessions of Chronic Pain Management 8 hrs per day for 10 days

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

MD, Board Certified in Physical Medicine and Rehabilitation

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

Official Disability Guidelines

Notices of Non-Authorization, 4/23/10, 5/18/10

Medical Advantage 2/15/10 to 6/17/10

Mental and Behavioral Health Consultation and Progress Note 3/10/10 to 4/15/10

Chronic Pain Management Treatment Plan 3/9/10 to 4/15/10

Healthcare Systems 2/24/10, 3/18/10

M.D. 4/23/10

M.D. 5/18/10

Rehab Center 4/19/10, 5/7/10

Healthcare Systems 2/17/10

BHI 2 2/24/10

Memorial Hospital 1/5/10 to 7/20/09

Medical Center 4/14/09

Hospital 2/24/09

Imaging 7/17/07

M.D. 1/3/08

Wellspine, 1/26/09-1/8/10

Healthplex 10/23/09

Clinic 1/5/09

PATIENT CLINICAL HISTORY SUMMARY

This man was injured on xx/xx/xx after lifting multiple 50 pound aluminum bars. He had degenerative disc and face changes with a disc protrusion. The right L4 and L5 nerve root were compromised. He underwent a discectomy and fusion at L5/S1 on 4/14/09. He completed 20 sessions of a pain program from 3/9/10-4/16/10. He had a period of exacerbation after a snow storm in March 2010 and another after lifting a gallon of milk in April 2010. He still took 1-2 hydrocodone a day with pain at a 6-7 off meds and 4-5 on pain medications. He has ongoing back pain to the left lower extremity. Apparently the program is located 100 miles from his residence. The records report his BAI improved from 14 to 9, and

his BDI from 25 to 15 after the 20 sessions of treatment. He is lifting 30 pounds.

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

The ODG generally limits pain programs to 20 sessions:

“(12) Total treatment duration should generally not exceed 20 full-day (160 hours) sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 160 hours requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans explaining why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed).”

An extension beyond 20 days requires a clear rationale and goals and individualized care plans. The records for this independent review did not include an individualized care plan explaining why improvements cannot be achieved without an extension of the pain program. The justification provided was simply that the patient had failed to progress completely in the 20 sessions. There was not an adequate explanation as to why goals were not met in the first 20 sessions. Dr. stated the patient needed the extra time due to his deconditioning. One goal presented was to further reduce the man’s pain medication. But there was no explanation why this could not be provided in a post treatment program.

The ODG does not encourage a pain program more than xx years after an injury. I did not find a medical justification in the material reviewed for an extension of the program beyond the 20 days previously offered. The reviewer finds that medical necessity does not exist for 10 additional sessions of Chronic Pain Management 8 hrs per day for 10 days.

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)