

SENT VIA EMAIL OR FAX ON
Dec/10/2010

True Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/10/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management 8 hours per day for 10 days

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 10/8/10 and 10/15/10
PPE 8/30/10
County 8/30/10 and 8/31/10
Rehab 10/28/10
BHI2 8/31/10
Cervical Spine X-Ray 4/20/10
1/15/07 thru 2/4/10

PATIENT CLINICAL HISTORY SUMMARY

The injured employee was involved in an occupational injury on xx/xx/xx while working for Clinic as a xx. She injured her head, neck, and low back. She had undergone x-rays, MRI, CAT scan, discogram, EMG/NCV, physical therapy, exercise therapy, stretching, ice/heat, acupuncture, injections, rhizotomies, surgery 91', 94', 96', work hardening, and individual counseling and biofeedback. The injured employee takes Norco 10/325 and Topamax 25, not related to the injury. She recently underwent a psychological evaluation Beck Depression Inventory-36 indicates severe depression, Beck Anxiety Inventory-26 moderate anxiety, FABQ (PA) 23, FABQ (W) 40, McGill Pain Questionnaire-31, Mankoski-7, Sleep-4 hours, and BHI-2. The injured employee was approved for a pain management program back in February 2010, which she did not attend. The treating physician is now requesting a trail of 10 sessions of CPMP.

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

The injured employee currently does not meet the required guidelines for 10 sessions of chronic pain management for this 20-year-old injury. There are multiple negative predictors in this case. The injured employee was approved for a pain management early this year but failed to attend. There is almost no progression of strength, function, ADL's, or complaints for almost 2 decades. The injured employee has comorbidities physical, psychological and metabolic which validates a high probability of failure in the program. A letter from treating physician indicates that the injured employee is sub-sedentary physical demand limit indicating that she is not able to do essentially anything. The injured employee has failed to meet goals throughout the care. Again the above are multiple variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs. Therefore the request for 10 sessions of chronic pain management would not be considered as medically 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)