

SENT VIA EMAIL OR FAX ON
Dec/07/2010

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Dec/07/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic Pain Program 10 sessions 80 hours

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

Chiropractor
AADEP Certified
Whole Person Certified
Certified Electrodiagnostic Practitioner
Member of the American of Clinical Neurophysiology
Clinical practice 10+ years in Chiropractic WC WH Therapy

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 10/11/10 and 10/26/10
Letter from Patient 11/2/10
Healthcare 8/19/08 thru 10/18/10
Pain & Injury 3/10/10 thru 5/19/10
Dr. 12/28/09
MRI 6/19/09
Radiology Report 7/14/08
FCE 8/31/10
Report of Medical Eval 9/13/10

DDE 8/19/10
Dr. 1/18/10

PATIENT CLINICAL HISTORY SUMMARY

The injured employee was involved in an occupational injury on xx/xx/xx. She and another employee were locked in a room cage by another co-worker and in an attempt to try to get out she strained her right wrist. The injured employee was seen initially seen by Dr. and underwent physical therapy. The patient underwent an MRI of the wrist, which was reported as normal. EMG/NCV findings reported a mild right carpal tunnel syndrome; however, waveforms do not appear to be scored correctly. The injured employee underwent a FCE and was seen by Dr. who prescribed Vicodin. The injured employee was referred to orthopedic surgeon Dr. on 12/28/09 and he indicated that she was not a surgical candidate. Initial psychological evaluation was performed on 8/31/10. On 7/09/2010 Dr. assessed the injured employee at MMI with a 6% whole body impairment. Post Designated Doctor RME assessed the injured employee at MMI on 10/01/08 and assigned a whole body impairment of 2%. Psychology documentation revealed no depression or anxiety on BAI and BDI scores. Oswestry of 22, FABQ=22/41. The injured employee takes IBP and Vicodin. The treating physician has recently requested 10 sessions of chronic pain management program.

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

The injured employee does not meet the required guidelines for 10 sessions of chronic pain management. The injured employee has limited medication use, lack of emotional distress, and absence of significant functional limitations. Medical report dated 9/13/2010 Dr., Designated Doctor report dated 7/09/2008, initial medical report Dr. dated 8/19/2008, report from Center dated 3/10/10, Orthopedic report Dr. dated 12/28/09, all fail to report or even mention any psychological problems / conditions.

There is lack of psychological involvement, limited medication use, and no indication of failed lower level pain management care, negative MRI of the wrist, the request for 10 sessions of chronic pain management would not 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 KNOWLEDGBASE

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)