

SENT VIA EMAIL OR FAX ON
Jan/18/2010

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/18/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional Chronic Pain Management 5 X 2 lumbar

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

Clinical psychologist; Member American Academy of 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

Denial Letters 12/28/09 and 11/25/09

Health 3/17/09 thru 12/28/09

PPE 11/13/09 and 9/1/09

Dr. 9/1/09

MRI 3/25/09

1/8/10

Spine Specialist 5/22/09

Work Hardening Progress 7/24/09 thru 8/13/09

DDE 10/20/09

PPB 8/20/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a compensable, work-related injury to his low

back and left shoulder on xx/xx/xx when the school bus he was an aide on was involved in a MVA, which occurred subsequent to the bus driver running a red light. Since the injury, patient has received lumbar MRI's (positive for L2-L3, L4-L5, and L5-S1 disc protrusions with impingement on the thecal sac) psychological evaluations, individual therapy sessions, 2 weeks work hardening (failed), and 10 days of CPMP. Patient is currently not receiving medication for pain control. Patient utilized individual therapy sessions to stabilize his severe depression and suicidal ideation, and was then approved for the first ten days of a CPMP. The request for the second ten days was denied, and this is the subject of the current dispute.

Patient began the program in November of 2009, and has completed 10 days of the program and the current request is for an additional 10 days of CPMP. Report indicates that he has made the following progression: subjective decreases in pain, irritability, anxiety, depression, and sleep disturbance. Patient now sleeps 6 hours with no awakenings. Functional physical performance has improved overall, with increased ROM in both the cervical and lumbar areas. Patient has improved within the Light-Medium PDL, and needs only to achieve a Medium PDL for return to work. Additionally, patient has decreased perceived pain from 8 to 7, and PDL's have improved dramatically, with patient now being independent in bathing, cooking, household cleaning, and yard work. Interchange with the school system is occurring to assure a smooth transition back to work. Goals for the last 10 days of the program are to focus on: achievement of a Medium PDL, continued decreased pain and mood symptomatology, generalization of skills learned, and a concretized vocational plan for return to work. Report states "he must be approved to complete the program in order to extinguish active symptoms, increase his functional ability, and to propel him towards a safe return to work."

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

Per available records, over the first ten days of the program, patient has been able to significantly increase his functioning despite continued moderate-high pain levels. Overall, report indicates he is functioning in the Light-Medium PDL range, placing him just below his pre-injury job demand levels. Lifestyle alterations as well as psychosocial self-reports also seem to have improved, and report indicates patient is motivated to return to work. BDI is in the low moderate range, a decrease overall from the severe and suicidal range prior to IT. Although "pain" is still in the moderate ranges, with a functional restoration program, functioning is emphasized despite pain. Medical necessity was determined on the initial request, and as it would appear that patient continues to be motivated to return to work, has a job to return to, and has almost achieved his RTW PDL's, discontinuation at this point could mean the difference between continued disability and off-work status or productive participation if the workforce for this patient. It is unfortunate that such a large delay in treatment has occurred, and ODG warns against regression in function with such delays. Because of this, patient may require additional days of programming to make up any such losses. As such this request is deemed reasonable and necessary per TDI-DWC and ODG.

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)