

SENT VIA EMAIL OR FAX ON
Feb/08/2010

Pure Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/08/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient drug rehab program--lumbar spine

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

Doctor of Medicine (M.D.)
Board Certified in Orthopaedic Surgery

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
Letter from Law Offices of 1/25/09
MD, 12/06/05 thru 06/28/07,
MD, Imaging & Center, 12/30/05
MD, 01/02/06
MD, 01/14/06 thru 12/03/09
MD, 02/01/06,
Mobile Assessments, 08/24/06
MD, 08/25/06, 11/06/06,
MD, Comprehensive Pain Center, 11/09/06, 11/14/06
MD, Hospital, 03/13/07, 03/21/07, 03/22/07,
Heart Center, 03/20/07,
MD, 03/22/07

Xtreme, 03/22/07
MD, Denton Medical Center, 03/28/07
Medical Consultants, 04/09/07,
MD, 04/18/07 thru 10/15/09
MD, Back Institute, 11/21/07 thru 06/12/08
Hospital of Denton, 11/15/08
Ltd., 02/22/08, 03/11/08, 04/07/08, 05/29/08, 06/12/08
Hospital, 04/04/08
COPE, 04/16/08, 06/03/08, 06/12/08, 06/17/08
MD, Dallas Spine, 10/06/08 thru 11/16/09
Medical Center, 10/29/08, 01/13/09
MD, 01/09/09

PATIENT CLINICAL HISTORY SUMMARY

The patient has had multiple lumbar spine surgeries. He has a history of narcotic addiction. The most recent surgery has been exacerbated by the patient's recent involvement in a motor vehicle accident unrelated to the work trauma. In reviewing the medical records it appears that the patient's depression and narcotic addiction is multi-factorial. A request for inpatient drug detoxification has been denied by the insurance company as medically unnecessary.

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

It appears that the patient's inpatient drug detoxification program has been denied by the insurance company based on the unrelated motor vehicle accident. Although this could have contributed to the patient's ongoing narcotic abuse, a reviewed the medical records including multiple spinal surgeries would suggest that this is the etiology of his underlying narcotic addiction. Furthermore, the IRO reviewer is to determine medical necessity, not compensability. Based on the spinal condition as well as depression for this patient and for reasons stated above, the reviewer medical assessment is that psychological treatment and detoxification on an inpatient basis would be medically reasonable and appropriate for this patient.

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)