SENT VIA EMAIL OR FAX ON
Jan/04/2010

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jan/04/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Functional restoration 80 hours 5 X wk X 2 wks

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:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Denial Letters 12/8/09 and 12/11/09
2/19/08
Dr. 11/5/09 thru 12/1/09

PATIENT CLINICAL HISTORY SUMMARY
Claimant is a male who was injured on xx/xx/xx performing his usual job duties as xxxxx, when he sustained a fall from a truck ramp. He was diagnosed with herniated lumbar disk as a result of this, and received a lumbar fusion in 2002. He went on to have 6 additional surgeries (type unspecified). He has also received physical therapy and ESI's, along with a SCS that was implanted about a year ago, but had to be removed due to infection. Patient has currently participated in 20 days of a functional restoration program, and current request is for 10 additional days of programming.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
Per available records, patient was approved for, and has completed, 20 days of a chronic pain management program. Over the first twenty days of the program, patient has been able to significantly increase his functioning while reducing pain levels from 8/10 to 5-6/10 VAS.

Likewise, patient is reported to have made good psychological improvement, though there are no standardized tests to show baselines and current placement. Patient is also down to taking 2 Vicodin per day, down from 4 per day. Likewise, patient report states he has improved physically, but report also states he will need to return to a different job with a different employer, since he is not expected to ever be able to achieve his former heavy PDL. There are really no psychosocial goals set out in the individualized treatment plan, there is no documentation that supports that this patient is an outlier, and the main focus of continuing the program appears to be vocational in nature, and as such, another 10 days of an interdisciplinary CPMP is not warranted. Any residual mood or vocational goals could be accomplished through a lower level of care. As such, this request cannot be considered medically reasonable or 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)