SENT VIA EMAIL OR FAX ON
Jan/07/2010

Applied Resolutions LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jan/06/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Pain Management 5 x wk x 2 wks

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[ ] Upheld (Agree)

[X] Overturned (Disagree)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Denial Letters 11/17/09 and 12/15/09
Balance 9/11/09 thru 12/13/09
Clinic 12/1/09
FCE 12/16/09
Solutions 6/26/07
Dr. 6/23/08

PATIENT CLINICAL HISTORY SUMMARY
This is a man who sustained a right lower extremity injury in xxxx. He developed gangrene and underwent a BKA. He was fitted with a prosthesis. He has ongoing leg pain. The reviewer could not determine if this is pain at the operative site (neuroma) or phantom pain. He is on hydrocodone. His initial assessment showed severe depression and anxiety. He had 10 sessions of the pain program with a goal to reduce his reliance on pain medications. The latter was not accomplished. He had a moderate reduction of his elevated BAI and BDI, but these remain high. The ultimate goal is reduction of his pain medications.

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

Most of the discussion in the ODG is for chronic back pain. The Reviewer could not determine from the material provided if the pain is a neuroma type pain or if this is a form of phantom pain. He has a lot of psychological issues noted with the high levels of depression and anxiety. Further, he is using opioids, but the records do no support the issue of addiction being present. The TMB allows some treatment when the goal is to minimize opiate use. The reviewer has concerns if the prosthesis is truly heavy, or this is an excuse for the program and limits his compliance. The ODG discusses the need for “significant efficacy.” This vague term has a different meaning to each person involved. He obviously made gains, but the question remains are they significant. Considering the goal is to minimize the use of controlled substances, and there is no addiction, the pain program is 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

[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)