

US Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management 8 hours per day for 5 days per week for 2 weeks 97799

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

MD, Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in 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

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 10/29/09, 12/2/09

Pain and Rehab Services 10/29/04, 10/13/09

11/23/09, 9/22/09, 9/24/09

Capacity Eval. 11/10/09

6/2/09

M.D. 5/11/09, 3/31/09, 2/12/09, 1/28/09, 12/22/08, 11/4/08, 8/21/08, 10/7/08, 7/24/08

Surgery Center 1/20/09

Health System 12/23/04

Treatment History (no date)

PATIENT CLINICAL HISTORY SUMMARY

This is a injured in xx/xx. He underwent a laminectomy in 2004. This was followed by a 30-day pain program in 2004 and then a lumbar fusion in December 2004. He continued to have pain and received a variety of opioids. He failed to improve with recent spinal injections and was not felt to be a candidate for a spinal stimulator. He had an FCE and terminated this for "psychophysical" reasons with 20 pounds of lifting. He had a period of time that he was incarcerated. Apparently there was some drug detox done during that time. The patient has moderate anxiety and moderate depression. There is a request for a pain program to include Suboxone for detoxification.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

This injury occurred more than 6 years ago. The ODG justifies chronic pain management programs for people with long-standing pain when there are specific goals. In this case, the goal is stated to be the cessation of opiate use. The Texas Medical Board addresses the prescription and discontinuance of opiates (Chapter 170) and encourages any program that can wean someone from opiates. The request meets the ODG criteria for the general use of multidisciplinary pain management programs. The reviewer finds that medical necessity exists for Chronic Pain Management 8 hours per day for 5 days per week for 2 weeks 97799.

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: Texas Medical Board, Chapter 170)