

SENT VIA EMAIL OR FAX ON
Jul/01/2010

P-IRO Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (214) 276-1787
Email: resolutions.manager@p-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jul/01/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
10 days of Chronic Pain Management Program

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)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
Denial Letters 5/21/10 and 5/27/10
Dr. 5/12/10
3/29/10 thru 5/12/10
Medical Institute 1/15/10 thru 2/22/10
Peer Reviews 5/20/10 and 5/25/10

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured on xx/xx/xx lifting boxes at UPS. He was treated with some therapies with limited success. He was admitted to a work hardening program. He reportedly had worsening symptoms and "emotional disturbance" after 8 days. His BDI and BAI worsened.

He was felt to be appropriate for 20 sessions of a pain program by Dr., but this was reduced to 10 by Dr.. There is no reportedly use of opiates for the pain, and no use of alcohol or illicit drugs. Dr. noted in the diagnosis prior lumbar surgery ("S/P Lumbar Surgery). This was not discussed elsewhere.

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

This man has chronic back pain. The IRO reviewer is not sure what workup has been completed. Dr. at the Medical Institute wrote that the MRI and x-rays were previously reviewed. The IRO reviewer has no knowledge of them. He also wrote, as did Dr., of a prior lumbar surgery. When and where was this performed? Did this occur before or after this injury? The exam described decreased sensation right L5/S1 and antalgic gait, and bilateral SLR/Braggard. There were no reflexes provided. In short, the IRO Reviewer is not sure what is being treated and what, if any treatment options remain. He had 18 "rehab visits." What did they consist of? Were these active therapies or passive modalities?

Further the ODG does not favor entry into a pain program after a work hardening program. It will "if otherwise indicated." Why was the person sent to a work hardening program first and how did he respond the psychological components of the program. The IRO reviewer could not determine that from Dr. notes. Without this information, the request is not 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

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)