

SENT VIA EMAIL OR FAX ON
Jul/12/2010

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jul/12/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic Pain Management Program 5 X wk X 2 wks neck, back, right knee and ankle

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 5/6/10 and 5/28/10
Carrier Submission 7/2/10
Clinic 3/4/10 thru 4/30/10
Practice 2/11/10 thru 5/20/10
DDE 5/3/10
382 pages from the Carrier from 3/26/08 thru 7/1/10

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured on xx/xx/xx when he was knocked down by a forklift. He developed neck, low back and knee pain. The diagnostic studies were not provided. The reports from

the different providers noted that there were either disc protrusions or herniation at L4/5 and L5/S1 and C5/6. There was a knee effusion reported. No nerve root compression was reported. There may have been an emg. The physical examinations did not show any neurological loss. He may have had a patella subluxation. He was in a work hardening program in April and May 2009 per Dr.. He did not improve with epidural injections. He was admitted to a pain program in March. He completed 10 sessions and an extension was granted. His last session was May 7. During this time, he reduced his pain medication use stopping Soma and reducing the hydrocodone form 2 a day to 1-2 a day. He apparently is now at a light medium PDL function.

A summary of his scores are:

	March 4	29	April 2
Pain (VAS)	7	6	5/6
BDI	32	25	2
BAI	31	27	24

He reportedly still has poor coping skills with anxiety and frustration. Slow progress was reported.

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

The difficulty is that the pain programs are rarely extended beyond 20 sessions. He had these, at least the 18 provided. There needs to be a reason for an extension. The one provided was his slow progress, partly attributed to language skills addressing the ODG request for an explanation of the need for extension. Complicating this are the work hardening sessions in 2009. Generally, pain programs do not follow a work hardening program. The BDA and BAI scores show most of the gains were in the first 10 sessions. There was minimal in the second. His overall pain only dropped 1-2 points on the VAS. The requesting psychologists note his continuous problems with coping, anxiety and frustration, but he appears to be at a plateau after both pain and work hardening programs. The IRO reviewer did not see a medical justification in the material provided to endorse medical necessity for the additional 10 sessions.

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)