

SENT VIA EMAIL OR FAX ON
Jul/12/2010

Applied Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/09/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management 1 X 6 (4 hours/1 session/month X 6 months) total 24 hours

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

PATIENT CLINICAL HISTORY SUMMARY

This is a woman injured on xx/xx/xx when she fell backwards and injured her low back. She had multiple injections of the fasc1a and ESIs. She received 20 sessions of a pain program completed in February 2010 with improvement. The diagnostic studies reported disc bulges at L3/4 and L4/5 and bilateral S1 radiculopathy. Dr. felt she had residual problems and requested an assessment for after care. Nine goals were described by Dr. in the 3/29/10 note.

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

In effect, Dr. et al are requesting a 4-hour monthly session for aftercare for 6 months. Dr. wrote in defense of need and cited the Sanders guidelines "CPS patients should be followed for at least 3 months after clinical care has been completed. If possible, 6-12 month follow up is preferable, but sometimes not feasible...leading toward more independence and achievement of many of the outcome goals as possible." Most of her further arguments are based upon the Sanders guidelines. While this may have been the source for the distillate that became the ODG, it is not the ODG. Dr. and Dr. note she still has "emotional and

behavioral issues.” Their intent is to reinforce what has been accomplished and avoid backsliding. Though not specified in detail, this after care is to be multidisciplinary.

Most of the ODG addresses the actual patient selection and pain program criteria. She is 3+ years from the time of injury and is not a surgical candidate. All other treatment options appear to have been taken. Criteria 12 limits the program to 20 sessions. This amount of aftercare may be a way of extending the program. Criteria 14 allows for aftercare provided it is time limited with defined goals and specified treatment programs. Dr.’s request and the appeal letters address these issues. The ODG is vague and does not specify how long and aftercare program can be given. Considering the benefits described to date, I lean towards the program.

The ODG itself recognizes some fixed limitations and how the program needs to be individualized. Considering the success described, The IRO reviewer’s medical assessment of the program, as described, is medically necessary. The ODG frowns on the use of passive modalities and she should be weaned from them to a self directed program as recommended by the ODG.

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)