

SENT VIA EMAIL OR FAX ON
Jun/22/2010

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/17/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program X 10 days 80 hours

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

Clinical psychologist; Member American Academy of 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

OD Guidelines

Denial Letters 4/14/10 and 5/12/10

Healthcare System 3/10/10

335 pages from the URA 4/2009 thru 6/9/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who was injured on xx/xx/xx performing her regular job duties. On the above mentioned date, claimant was injured when the pallet jack she was operating came to a complete stop, causing her to fall onto her left knee. Patient reported the injury and saw a physician, but continued to work for the next 4 months. She was taken off work after this time period, and has not returned to work, but expresses a desire to do so.

Since the injury, patient has been given diagnostics and interventions to include: FCE's, PPA, cortisone injection x 3, individual counseling, nerve blocks, biofeedback, a structured physical therapy program, work hardening x 26 days and medication management. Patient is currently prescribed Aleve for pain. Patient is reportedly diagnosed with left knee strain and Axis I diagnosis is 307.89 chronic pain disorder. FCE placed the patient at a light Physical Demand level, able to lift/carry 30 pounds on an occasional basis. Job requirement is Heavy PDL.

Current behavioral reports relate patient reporting restrictions due to injury are; walking, laying, standing, sleeping (more than 4 hours), lifting, sitting, bending, twisting, driving, and household chores. There is also an elevate FABQ regarding work activities. Average pain is rated 7/10. Psychometric testing shows WNL depression and anxiety. The current request is for initial trial of 10 days of a chronic pain management program. Goals for the program include: decrease pain, improve physical endurance, and to work.

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

Patient has already completed 26 days of a WH tertiary program. She has also received, and seemingly benefitted from, psychotherapy and biofeedback. It is unclear why she was not returned to work after WH. Regardless, ODG states that, except for a medically organized detox program, patient is limited to one RTW program. ODG also states that an adequate and thorough evaluation has to have been made. Given the above mentioned contraindications, the current request cannot be considered reasonable or 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)