

Clear Resolutions Inc.

An Independent Review Organization
7301 RANCH RD 620 N, STE 155-199A
Austin, TX 78726
Phone: (512) 772-4390
Fax: (512) 519-7316
Email: resolutions.manager@cri-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jul/19/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management 10 sessions (80 hours)

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

MD, Board certified in Physical Medicine and Rehabilitation with expertise 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-TWC

Inc., 4/12/10, 5/11/10

Medical Center 3/26/10, 2/26/10

12/11/09

11/2/09

PATIENT CLINICAL HISTORY SUMMARY

This worker is a man who worked. He reported an injury to the back, left leg and hip. He had a lumbar discectomy on 4/8/2009. An MRI shows 1cm HNP at L5S1. An EMG on 5/10/2009 shows nerve irritation at S1. His lumbar flexion is 40 and extension is 20. He is 250 pounds and 5'8" tall. He has had only 9 PT visits and no work conditioning. He has severe depression and moderate anxiety according to a psychological assessment performed in November 2009. He is prescribed Vicodin. He is a smoker. This request is for Chronic Pain Management 10 sessions (80 hours). The CPMP has been denied twice by HDI, Health Direct Inc., on 4/12/10, 5/11/10.

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

The medical necessity for a chronic pain program is not established in the records provided for review. This patient has not had all forms of less intensive care, such as physical therapy, work conditioning and psychological treatment. Records state that the patient has had only 9 PT visits and no work conditioning. The reviewer agrees with previous reviewers that an

adequate and thorough disciplinary evaluation has not been made. The patient has not met all the criteria for general use of multidisciplinary pain management programs as defined in the ODG. Therefore, the reviewer finds that medical necessity does not exist for Chronic Pain Management 10 sessions (80 hours).

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)