

SENT VIA EMAIL OR FAX ON
Jun/07/2010

True Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/07/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Psychosocial Screening

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

Board Certified in 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 5/25/10,5/18/10, 4/22/10

Dr. 4/9/10 thru 5/18/10

Ortho 2/19/10, 2/22/10

Invasive Pain 4/28/09 thru 1/19/10

Spine & Rehab 1/30/09

Diagnostics 4/9/10

Diagnostics 9/21/09

MRIs 1/23/09,12/30/08

Pain & Recovery 6/22/09 thru 7/15/09

Dr. 5/26/09

Dr. 8/27/09

PATIENT CLINICAL HISTORY SUMMARY

The patient injured her lumbar spine on xx/xx/xx. The patient still has mid to low back pain that she rates as 8/10 with constant pain that radiates to her right thigh and buttocks. She

also has numbness and tingling in her right groin area.

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

The patient has chronic low back pain and rest pain from a compression fracture suffered at work. The patient has failed conservative treatment. The patient had individual psychotherapy and a psychosocial screening in May of last year. The patient continues to have chronic back pain. The requesting orthopedic surgeon has not specified whether there are any upcoming procedures such as surgery or interventional procedures that would require a new psychosocial screening. As such, the request is not medically reasonable and necessary and does not conform to the ODG guidelines.

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)