

SENT VIA EMAIL OR FAX ON
Jul/05/2010

Applied Resolutions LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jul/05/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic Pain Management 5 X a week X 2 weeks X 8 hours a day

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Chiropractor
AADEP Certified
Whole Person Certified
Certified Electrodiagnostic Practitioner
Member of the American of Clinical Neurophysiology
Clinical practice 10+ years in Chiropractic WC WH Therapy

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 4/26/10 and 6/3/10
3/22/10 thru 6/9/10
FCE 3/10/10

PATIENT CLINICAL HISTORY SUMMARY

The injured employee was involved in an occupational injury on xx/xx/xx when a sling from a crane came off and struck him in the right knee. The injured employee has completed active and passive physical therapy 15 sessions with little to mild improvement and alleges that pharmaceutical intervention is the only treatment working. The injured employee was sent

back to work and unable to complete his duties. The injured employee underwent an MRI of the knee, FCE, and EMG/NCV of the lower extremities. The injured employee underwent a psychological evaluation, which revealed a BDI 19 and BAI 22. The injured employee is diagnosed with anxiety, fear of returning to work, and depression. The treating physician is now requesting a trial of 10 sessions of CPMP.

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

The injured employee currently meets the required guidelines for the minimum 10 sessions of chronic pain management. The injured employee has psychological stressors, fear-avoidance issues, disability perception, and pain.

The injured employee meets the guideline criteria as listed below numbers 1 through 11. The numbers correspond with the ODG criteria numbers

1. Chronic pain syndrome with pain beyond 3 months duration, (a) uses prescription drugs, (b) has a dependency on health care providers, (c) de-conditioned per FCE, (d) withdrawal from work and social contacts, (e) not at pre-injury status, (f) developed psychosocial sequelae see psychological interview, (g) does not have a personality disorder.
2. Loss of function per FCE.
3. Prior methods of chronic pain have been unsuccessful, such as medication management.
4. Not a candidate for surgery at this time.
5. Has undergone a multidisciplinary evaluation
6. Is willing to decrease medication
7. Negative predictors are being addressed.
8. Timing of program is reasonable.
9. Treatment is not suggested longer than 2 weeks.
10. Total treatment not to exceed 20 sessions.
11. No re-enrollment in same or similar program.

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)