

# I-Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

May/26/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Chronic pain management x 10 sessions

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

MD, Board certified in Physical Medicine and Rehabilitation

**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 worker has a date of birth of xx/xx/xx. He was working on xx/xx/xx when he used his right shoulder to push a box in order for a hatch to close on a trailer. He developed right shoulder pain. He has had a rotator cuff surgery on 6/24/2009. He has had therapy and psychological treatments. He has insomnia and anxiety. He uses Xodol, Ibuprofen, and Lexapro. His BDI is 23. His shoulder continues to cause pain. There is a request for 20 sessions of a chronic pain program. He has had a diagnostic assessment and there is a treatment plan and set goals.

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

In this patient's case, a complete diagnostic assessment has been made, with a detailed

treatment plan of how to address physiologic, psychological and sociologic components that are considered components of the patient's pain. The patient in this case does show evidence of motivation to improve and return to work and otherwise meets the selection criteria as outlined in ODG. The predictors of failure in a CPP are poor work adjustment and satisfaction, a negative outlook about future employment, high levels of pretreatment depression, pain and disability, increased duration of pre-referral disability time, higher levels of opioid use and elevated pre-treatment levels of pain. None of these negative predictors are apparent after review of the records. The patient meets ODG criteria for a chronic pain management program. The reviewer finds that medical necessity exists for Chronic Pain Management Program x 10 Sessions.

**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)