

SENT VIA EMAIL OR FAX ON
Mar/03/2010

True Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

Amended 3/9/10
Date of Notice of Decision: Mar/03/2010

DATE OF REVIEW:
Feb/25/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic Pain Management 5 X 2

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and 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 1/8/10, 1/30/10, 1/22/10
MRloA 1/7/10 and 1/21/10
12/7/09 thru 2/5/10
FCE 11/20/09

PATIENT CLINICAL HISTORY SUMMARY

This man apparently was injured on xx/xx/xx, when he slipped and a stove landed on him. He

developed neck, back and shoulder pain. An MRI reportedly showed some multiple level disc herniations and a shoulder tear (presumably a rotator cuff tear). He had the maximum number of PT sessions permitted, but did not improve. He reportedly did not have any spinal injections. His FCE 11/20/09 showed him to be at a sedentary level, but he needs to be at a heavy PDL for his prior job. He has mild depressions and anxiety on the BDI and BAI. He has a severe perceived disability per the Oswestry score. He does not have a job to return to. He apparently wants to study law.

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

The material provided for review did not include any physical examination or the radiological reports. Prior reviewers stated he had not had the opportunity to improve with spinal injections, yet the requestors noted this was denied. The reviewer did not see at any time that he had clinical evidence of a radiculopathy, the indication for a lumbar ESI. The notes just state he has back pain and disc herniations. The presence of disc herniations does not necessarily correlate with the presence of back pain. Further, the reviewer could not determine what the "shoulder tear" is; Is it a full or partial tear of the rotator cuff, or was a labral tear, etc. One reviewer said it was a rotator cuff tear.

So the medical diagnosis has not been presented in the records, and therefore the reviewer does not know if the all diagnostic and treatment options were completed. If the reviewer presumes that the work up was completed and there are no other treatment options, then the consideration for the pain program would be considered. The reviewer reviewed the FCE and noted inconsistencies and fluctuations in the rapid grasp exchange. This is a validity criteria that was interpreted as showing valid testing.

Dr. did write that this man is motivated to return to work. He noted no excessive anxiety and depression. There are financial stresses, but none apparently related to the decision of the pain program. The reviewer did not see if he had been deemed to be at MMI and given an impairment rating. There are stressors related to his pain. The reviewer did not see comments about opiate abuse or tobacco abuse. Further, the reviewer do not see that the reduction in opiate use is a goal.

He is currently just over 2 years post injury, which brings up other issues.

Although the pain program looks necessary as no other option would appear to exist, the reviewer lacks the confirmation from the medical examination and the diagnostic studies necessary to justify the program. These were probably completed, but were not provided for the IRO review.

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)