

SENT VIA EMAIL OR FAX ON
Mar/19/2010

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/15/2010

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

3/8/10

5/9/06 thru 3/4/10

2/9/10 and 1/6/10

1/12/10

Eval 4/9/09 thru 11/17/09

Dr. 12/1/09

Dr. 8/31/09

Medical Eval 3/31/09

Injury Center 6/29/09 thru 10/5/09

OP Report 9/24/09

Dr. 8/24/09

PATIENT CLINICAL HISTORY SUMMARY

This is a woman reportedly injured on xx/xx/xx. She developed neck and upper back and left

upper extremity pain and low back pain. She reportedly had an abnormal EMG showing a C4 radiculopathy based upon cervical paraspinal muscle abnormalities and an MRI showed a C3/4 HNP. She had 2 ESIs. She also underwent a left SI injection. She continued to have pain. She entered a work hardening program, and reportedly had improvement of her BDI and BAI. She still remained with elevations of this and her SOAP (opiate risk) score. Her FCE reportedly showed her at a medium PDL, but her job as a requires a heavy PDL. It was not provided. She entered a pain program and made some progress with pain and anxiety. She still has issues with pain and coping skills. The request is for another extension of the pain program. She reportedly used less pain medications, although the report did not state which type. The report from Dr. and Dr., dated 5/9/06 (for a xx/xx/xx injury) described functional progress. They would like to improve her stamina and coping skills further and also reduce the anxiety and depression.

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

Generally, the ODG does not grant entrance to a pain program after completion of a work hardening program with some exceptions. She was approved for the program. The question is the need for the last 10 sessions. The reports describe progress physically and psychologically. She has reduced the pain medications, but the type and category were not described. She had the trial. Continuation requires documentation of both objective and subjective gains. Dr. does demonstrate that these are occurring. Therefore, the IRO reviewer's medical assessment is that the continuation of the program is medically necessary.

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)