

SENT VIA EMAIL OR FAX ON  
May/12/2010

## Independent Resolutions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

May/04/2010

**IRO CASE #:**

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

Chronic Pain Management Program

**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 3/12/10 and 3/30/10

4/27/10

Recovery 3/8/10 and 4/26/10

Dr. 3/2/10

WCE 3/2/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is a lady who reportedly was injured on xx/xx/xx. She apparently had cervical pain, bilateral wrist pain and right shoulder pain. Ms noted she had a right subacromal bursitis and partial thickness tear in the rotator cuff. She had possible impingement and possible CTS. She underwent an undetermined shoulder operation followed by 20 sessions of a work hardening program. The results of the program and the psychological assessment were not provided. The current request is for a pain program to address the cognitive issues with the BAI of 39, BDI 28 and Oswetry of 62. Her FCE on 3/2 showed her to be at a sedentary level

of function.

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

This is a lady with chronic pain. No records of the prior surgery or the 20 sessions of work hardening were provided for review. The IRO reviewer presumes she had psychological support then. Dr. noted some progress, but nothing was provided for review. The ODG is specific that pain programs should not be used in series with work hardening. There are exceptions, but nothing was provided to explain the exception. Further, the pain programs should best be done within 2 years of injury, but she is now 2-1/2 years post injury. In the absence of records, the IRO reviewer does not know if there are other treatment options available. Without this information, the request is not 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)