I-Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
May/14/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Pain Management 5xWk x 2Wks x 80 hrs Head 97799

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[ ] Upheld (Agree)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG Guidelines
Adverse Determination Letters, 3/17/10, 3/31/10
Pain Recovery Center 4/28/10, 3/12/10, 2/3/10, 3/3/10, 3/31/10
Ph.D. 11/18/09
3/2/09

PATIENT CLINICAL HISTORY SUMMARY
This is a man injured on x/xx/xx when hit by a coworker in the head. He sustained a basilar skull fracture. He had a right frontal hematoma and a small left cerebellar infarct. These were surgically evacuated. He has been having headaches. He is depressed. There are notes of a prior bipolar disorder. There is a note about prior schizophrenia. He had rehab at and the Center, but continued with headaches. He had an FCE that showed good motor strength but with problems in his ability to learn coping and pain management skills. The note from Ms stated he had not improved with 12 sessions of individual counseling. She advised a cognitive behavior program as he had ongoing problem with integration. Dr. performed an NP evaluation in 11/09. He wrote. "…it is unlikely that further spontaneous recovery in his neurocognitive neuropsychological abilities may occur. The injuries observed alone with the neuropsychological consequences are likely to be permanent, fixed and stationary..." He advised counseling for adjustment purposes and that he was not likely to return to work.

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

The patient has chronic pain from a head injury. The ODG addresses musculoskeletal pain and not headaches after a head injury. Records indicate this patient has a high (heavy) physical level, but cognitive issues remain. The patient's motivation to change is unclear from the records provided. Notes state his post-injury headaches are difficult to control and are interfering in his life. The chronic pain management sessions are appropriate for this patient given that all other treatments have been unsuccessful. In addition, the programs are indicated to stop the use of opiates and other headache related medications. For these reasons, the reviewer finds that medical necessity does exist for Pain Management 5xWk x 2Wks x 80 hrs Head 97799.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)