

I-Resolutions Inc.

An Independent Review Organization
8836 Colberg Dr.
Austin, TX 78749
Phone: (512) 782-4415
Fax: (512) 233-5110
Email: manager@i-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/30/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CPM program x 10 sessions

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

MD, Board Certified, Physical Medicine & 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

OD Guidelines

Adverse Determinations, 2/22/10, 3/22/10

Clinic, 4/19/10, 3/16/10, 2/16/10, 12/11/09, 11/25/09

Mental Health Evaluation, 11/17/09

Discharge Summary, 11/17/09

PATIENT CLINICAL HISTORY SUMMARY

This patient is a woman who injured her back on xx/xx/xx. Multiple treatments ensued to include 20 sessions of a chronic pain management program. With the initial non-certification it was noted that the injured employee had improved. She was no longer taking narcotic analgesics (hydrocodone) and the BAI and BDI were low. No further improvement in the PDL was expected as per the requesting provider. The injured employee only spoke Spanish. On November 17, 2009 M.Ed. wrote a discharge summary from psychotherapy. Significant ordinary disease of life degenerative changes were noted on the imaging studies. Multiple distal lower extremity peripheral neuropathies and chronic radiculopathy was reported on electrodiagnostic testing.

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

AS NOTED IN THE DIVISION MANDATED OFFICIAL DISABILITY GUIDELINES, PAIN CHAPTER UPDATED APRIL 10, 2010 “(12) TOTAL TREATMENT DURATION SHOULD GENERALLY NOT EXCEED 20 FULL-DAY (160 HOURS) SESSIONS (OR THE EQUIVALENT IN PART-DAY SESSIONS IF REQUIRED BY PART-TIME WORK, TRANSPORTATION, CHILDCARE, OR COMORBIDITIES). (SANDERS, 2005) TREATMENT DURATION IN EXCESS OF 160 HOURS REQUIRES A CLEAR RATIONALE FOR THE SPECIFIED EXTENSION AND REASONABLE GOALS TO BE ACHIEVED. LONGER DURATIONS REQUIRE INDIVIDUALIZED CARE PLANS EXPLAINING WHY IMPROVEMENTS CANNOT BE ACHIEVED WITHOUT AN EXTENSION AS WELL AS EVIDENCE OF DOCUMENTED IMPROVED OUTCOMES FROM THE FACILITY (PARTICULARLY IN TERMS OF THE SPECIFIC OUTCOMES THAT ARE TO BE ADDRESSED).” AS NOTED BY THE REQUESTING PROVIDER, THERE IS NO INDICATION OF ANY CHANGE IN THE PDL, THE BDI AND BAI SCORES ARE ALREADY QUITE LOW AND THERE IS NO CLEAR CLINICAL REASON PRESENTED AS TO WHAT COULD BE ACHIEVED IN THESE ADDITIONAL 10 SESSIONS OF A CPMP. THE REVIEWER FINDS THAT MEDICAL NECESSITY DOES NOT EXIST FOR CPM 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)