

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/30/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 Sessions of Daily Chronic Pain Management Program

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)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Notices of Adverse Determination, 3/18/10, 3/17/10, 3/31/10, 3/30/10
4/14/10

Chronic pain programs (functional restoration programs)

xxxxx, 3/16/10, 3/15/10, 3/24/10

3/9/10

3/9/10

2/18/10

MD, 1/3/10

Letter to IRO, 4/19/10

PATIENT CLINICAL HISTORY SUMMARY

This is a xxx year old bus driver reportedly involved in a minor rear end accident in one note, or struck by a vehicle at a high rate of speed in another note. The date of injury is x/x/xx. Her MRI was not provided, but reportedly showed a disc bulge at L3/4. An EMG was reportedly done ON 10/2/09. It suggested L3 nerve root irritations, but without information to confirm this. She was seen by for a DD exam and felt to be at MMI. She was given the diagnosis of radiculopathy, disc displacement and lumbar strain. Her complaints are back pain going just

below her buttocks. noted she was in work hardening in November 2009, and improved until the therapies stopped. She remains on hydrocodone. She is at MMI with a 0% impairment rating. found no neurological loss or evidence of any radiculopathy or radiculitis. A mental health evaluation dated 3/9/10 noted the lack of coping skills, and the high scores on her Oswesty, BDI-II and BAI-II. The evaluation referred to a prior "back to work program" but no details were provided.

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

This -year-old woman describes pain in the absence of any identified structural or neurological condition. There are psychological issues present with relatively high depression and anxiety issues. The patient had been in a prior work hardening program in November 2009, but details were not provided. Participation in a Work Hardening program generally precludes enrollment in a chronic pain management program. Without additional information about the program this patient participated in, including her functional level when it ended, the ODG criteria for participation in CPMP are not satisfied at this time. The reviewer finds that medical necessity does not exist at this time for 10 Sessions of Daily Chronic Pain Management Program.

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)