

# US Resolutions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

May/08/2010

**IRO CASE #:**

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

10 Sessions of 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  
Board Certified in Electrodiagnostic Medicine

**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**

ODG, Pain

3/4/10, 3/31/10

Rehabilitation Center 10/30/08, 12/19/08, 3/10/10

Clinic 4/16/09, 2/4/10, 2/23/10

Healthcare Systems 10/14/08, 7/11/08, 1/21/10

Work Hardening Treatment Plan 2/1/10, 2/15/10, 2/22/10, 3/1/10, 3/8/10,  
2/19/10

Solutions 3/2/10, 3/27/10, 2/25/10

spine 1/5/10

Medical Center 6/17/09

MRI 7/9/08

Weekly Psychological States With Instrument Scores 2/16/10, 2/2/10

**PATIENT CLINICAL HISTORY SUMMARY**

She was described as having a discogenic pain and radiculopathy. Her job was at a medium PDL level. She met this per the 10/30/08 FCE after having completed 10 sessions of work hardening per Dr. She had a second round of work hardening. She had another FCE on

12/19/08. Dr. advised 10 sessions of a pain program. She was described as having significant pain behaviors. She had back surgery, but the operative information was not provided. Both the reports from 2/4/10 and 2/23/10 noted that the surgery was done on 6/16/10. This is next month, so I presume that this was an error at the date was 2008. Again, it was felt she needed to be at a medium PDL. The therapy notes describe 6 weeks of work hardening from 1/2/10 to 3/8/10. During this time her BAI worsened from 3 to 36, her BDI from 12 to 13. She has been on ibuprofen and not opiates.

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

There are several reasons for denial. First, there are inconsistent dates in the medical records provide. Second, there is worsening of the psychometric scores. Third, the claimant had 6 weeks of work hardening after the previous work hardening programs. The ODG notes that there should not be progression from a completed work hardening program to a pain program, with a few exceptions. None were present in this case. Therefore, there is no justification for a variance from the ODG criteria. The reviewer finds that medical necessity does not exist for 10 Sessions of 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)