SENT VIA EMAIL OR FAX ON
Oct/22/2010

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Oct/18/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Pain Management 5 X WK X 2 WKS Cervical (80 hours)

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)

[X] Overturned (Disagree)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Denial Letters 722/10and 8/26/10
1/28/10 thru 10/4/10
Lab Results 9/23/10

PATIENT CLINICAL HISTORY SUMMARY
This is a man injured on xx/xx/xx when a tree fell on him. It appears he had cervical fracture, instability and spondylosis with a C6/7 fusion in September or October 2008. Other injuries cited, but records did not document, included fractures of the wrists, sacrum, coccyx, ribs, sternum, scapula and a L5/S1 left paramedian disc herniation. He had an ulna nerve transposition. He is on Lyrica, hydrocodone, glimepiride, and metformin. He entered a 10-

session pain program and reportedly made progress by reducing the amount of hydrocodone used. His pain improved from a 6 to a 5. He had some improvement in depression and anxiety, but this was still high. He reportedly improved with his functional level, but still was in a sedentary FCE level. He reportedly is looking at less physically demanding job with vocational retraining after the pain program. An extension of the pain program was requested to enhance further his pain reduction, reduced medications, management skills and improve his chances for a job.

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

Dr. and Dr. noted the reduced pain medication use and improvement of pain. The latter was slight, but was reportedly associated with increased activity. There are comments in the appeal letter that the patient was admitted to a 20-day program and the sessions should not have been interrupted. The ODG requires a reassessment to document progress at the mid point before a 20-day program is completed but without interrupting a productive program. This man had made some progress. His pain is marginally better from a 6 to 5. However, his functional level has improved and the notes site a 50% reduction in the pain medication use. He is still at a low PDL level, but that alone is not a factor for a pain program. He is more than 24 months post injury, but that 24 month cut off is more a guide than an absolute number based on the literature review. Further, he had the cervical fusion just 24 months ago (depending on the September or October 2008 date) and the program was in July 2010. There is enough information provided to justify the medical necessity of the continuation of the program. He is realistically looking at other work options. The request is 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

[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)