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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/17/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 chronic pain management sessions

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

MD, Board Certified Psychiatrist
American Board of Psychiatry and Neurology
Licensed by the Texas State Board of Medical Examiners

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

Official Disability Guidelines
Services Corporation 9/24/10, 10/14/10
Behavioral Health 9/22/10 to 10/8/10
Chronic Pain Management Program 9/13/10
M.S. L.P.C. 9/10/10
FCE 8/26/10
DC 5/4/10 to 8/11/10
Dr. MD 3/8/10 to 6/16/10
Peer Review 6/7/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a date of injury on xx/xx/xx. He sustained a knee injury when he tripped over construction materials on a job site. He has had multiple interventions, including arthroscopy on two occasions, MRI's, x-rays, P.T., and 12 sessions of individual CBT to treat depression and anxiety. He has had Euflexxa injections in his knee with modest improvement. Dr. performed a very lengthy peer review of his entire medical history since his accident. His opinion is that the compensable injury is a knee strain. The conditions found on the arthroscopy are unrelated degenerative conditions, which would be an ordinary disease of life. This was the finding of the Designated Doctor. He further states that continued treatment is not appropriate for the original injury; the claimant had an uncomplicated knee sprain/strain; his symptoms have persisted beyond the normal healing

time; and the claimant does not require further PT, OT, work hardening, work conditioning, pain programs as the claimant's ongoing pain appears to be related to his preexisting degenerative condition, unrelated to the injury of two years prior. A request for 10 sessions of chronic pain management was made. This request was denied twice with the rationale that there is no proof of benefit in a patient whose injury is more than 2 years old.

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

This claimant had an uncomplicated knee sprain/strain in xx/xx. This claimant is in a group with less chance of a successful outcome from a CPM program. ODG breaks down success into groups of longer disability with greater than 24 months since the injury having a poorer outcome. The guidelines state "there is conflicting evidence that chronic pain programs provide return-to-work beyond this period." This claimant's injury is more than 2 years old. No reason has been provided for why there should be a divergence from the guidelines in this claimant's case. The reviewer finds that the guidelines have not been satisfied and medical necessity does not exist for 10 chronic pain management 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)