

SENT VIA EMAIL OR FAX ON
Oct/15/2010

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program 5 X wk X 2 wks Bilateral Lower Extremity

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

Board certified in Physical Medicine and Rehabilitation with expertise in pain management, wound management and geriatrics. Medical Director of 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; Denial Letters 8/20/10 and 9/24/10; Injury 1 1/29/09 thru 9/9/10; PPEs 8/13/10, 6/2/10, 4/27/10; Dr. 4/27/10; IRO Letter 7/30/10

PATIENT CLINICAL HISTORY SUMMARY

This is a claimant who worked as a . He fell two stories landing on concrete on xx/xx/xx. He had a left tibial plateau fracture and right foot fracture. He has had PT and WH and was managed on medications. He did complete 20 visits of a CPP. During this time neurontin was discontinued. He is maintained on Naprosyn. His functional ability increased from medium level work to medium heavy work. His job requires heavy work level. He had a decreased in pain, irritability, anxiety, and depression. His sleep improved and he has increased his home exercise program. He would like to return to his previous job.

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

Chronic pain programs are recommended where there is access to programs with proven successful outcomes, such as decreased pain and medication use, improved function and return to work and decreased utilization of the health care system. There should be evidence that a complete diagnostic assessment has been made, with a detailed treatment plan of how

to address physiologic, psychological and sociologic components that are considered components of the patient's pain. The patient should show evidence of motivation to improve and return to work and meet the selection criteria. The predictors of failure in a CPP are poor work adjustment and satisfaction, a negative outlook about future employments, high levels of pretreatment depression, pain and disability, increased duration of pre-referral disability time, higher levels of opioid use and elevated pre-treatment levels of pain.

This patient is improving. He wants to return to work. He has decreased medication use. Although more than 20 sessions are not recommended, progress is being made and the additional 10 are appropriate.

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)