

# US Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Sep/28/2010

**IRO CASE #:**

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

Pain Mgmt Aftercare 4 hrs per session x 1 per month for 6 months

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

MD, Board Certified in Physical Medicine and 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**

ODG Pain Chapter, Criteria for the general use of multidisciplinary pain management programs  
, 7/8/10, 7/29/10  
Inc. 6/3/10 to 9/7/10  
Progress Notes, 11/30/09, 1/11/10, 10/19/09, 9/21/09, 8/31/09, 5/11/09, 3/23/09  
Orthopaedics, 8/19/09, 8/3/09, 6/30/09, 6/22/09, 3/5/09, 1/22/09  
Operative Report, 8/21/09, 3/10/09, 1/17/08  
Radiology, Chest, 3/10/09  
MRI Right Shoulder, 7/22/09

**PATIENT CLINICAL HISTORY SUMMARY**

This claimant reported an injury xx/xx/xx. She was working as a and lifting multiple boxes. She felt pain in the shoulder. She has not worked since 2007. She is on SSD. She has had 3 surgeries to the shoulder, including one surgery in 2008 and two surgeries in 2009. She has completed 20 sessions of a chronic pain program. Her pain is 6/10 as of 6/3/2010. Her BDI is 22 and her BAI is 8. An FCE shows she is capable of a sedentary to light position. She reports that she is functioning at 30-40% of her ability prior to the injury. Pain management after care has been requested.

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

The ODG recommends chronic pain programs where there is proven successful outcomes such as decreased pain and medication use, improved function and return to work and decreased utilization of the health care system. Patients should show motivation to improve and return to work. This patient has had an intensive program of 20 visits, and there is no

documentation of functional improvement. She remains at a sedentary to light level. There is no motivation shown to return to work. She is on SSD. There is no support in the records reviewed for continued pain management after care. The reviewer finds that medical necessity does not exist for Pain Mgmt Aftercare 4 hrs per session x 1 per month for 6 months.

**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)