

# Clear Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Mar/30/2011

**IRO CASE #:**

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

Chronic pain management program 8 hours a day for 10 days

**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

**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**

Insurance Company 2/14/XX, 1/14/XX  
Clinic 12/23/XX to 12/31/XX  
Rehabilitation note 2/1/XX  
Clinic 12/1/XX  
Medication Flow Chart 12/2/XX  
General Clinical Data 12/31/XX  
MRI 12/18/XX  
ODG Pain Chapter

**PATIENT CLINICAL HISTORY SUMMARY**

This is a XX year-old woman injured on XX/XX/XX. She reportedly developed back pain bending to feed a baby while at a school. Her MRI showed a disc bulge at L4/5 and facet hypertrophy. Although mentioned that there were several disc herniations, none were described in the MRI report. She reportedly was in a 20 day Work Hardening Program in March 20XX and still had pain. An FCE on 12/31/XX showed her to be at a sedentary level of function and a light PDL was needed for work. Dr. in the FCE advised 20 sessions of a pain program, but on the same date was advised 10 sessions. Dr. et al felt that the prior Work Hardening program be ignored and allow her to enter the pain program and learn coping skills and overcome her anxiety.

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

This XX-year-old woman has the pain behaviors and suffering noted by Ms.. She had a prior

history of depression. There is no alcohol or tobacco abuse. Her BAI and BDI are comparatively mild. ODG Work Hardening section states: "Repetition: Upon completion of a rehabilitation program (e.g., work conditioning, work hardening, outpatient medical rehabilitation, or chronic pain/functional restoration program) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury." However, the ODG questions the role of Work Hardening in people with sedentary or light work. She requires a light PDL. The ODG does allow entrance to a CPMP after work hardening "if otherwise indicated." There were no contraindications to the program.

The ODG states that: "The publications are guidelines, not inflexible prescriptions and they should not be used as sole evidence for an absolute standard of care. Guidelines can assist clinicians in making decisions for specific conditions...but they cannot take into account the uniqueness of each patient's clinical circumstances."

Taking this into consideration, and based upon the psychological assessment and the lack of contraindications more than the functional limitations, the reviewer finds there is medical necessity for Chronic pain management program 8 hours a day for 10 days.

#### **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)