

SENT VIA EMAIL OR FAX ON
Apr/01/2011

True Decisions 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:

Pain Management 5 X wk X 2 wks Lumbar 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)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
9/7/07 thru 3/14/11
MRI 8/30/07, 8/4/09, 5/24/10
Multicare Medical 7/23/07 thru 9/11/07
DDE 8/22/08
Dr. 11/2/10
1/14/11 and 1/31/11

PATIENT CLINICAL HISTORY SUMMARY

This is a woman injured on xx/xx/xx. Her MRI reported an L4/5 disc bulge with mild right foraminal stenosis. The EMG did not demonstrate any abnormalities. She subsequently underwent a laminectomy, microdiscectomy and partial facetectomy f L4/5 on 9/30/09

followed by PT and facet rhizotomies for persistent pain. She subsequently completed 10 sessions of a pain program. She reduced her pain medications somewhat, improved her function, but remained anxious and with kinesiophobia. She reportedly continued to focus on her pain. A request for the additional 10 pain sessions was submitted.

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

She has chronic pain. Normally, there are restrictions at 24 months post injury, but that has been waived for her entrance into this program. Presumably, she is motivated to change. She has reduced the amount of pain medication she uses. The Texas MEDICAL BOARD encourages the use of programs reducing the need for controlled substances. This has partially be accomplished here. Further, the ODG requires documentation of

“evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains.” She made gains, but there are arguments of residual pain issues and behavior issues. If these were capable of being completed in the first 10 sessions, then a second 20 would not be needed. The ODG recognizes that 20 sessions are needed, but delays full approval until documentation of some progress has been made. That occurred in this situation and is why the ODG does not advise interruption of the program. The IRO reviewer is in agreement with Dr. and Dr. that the continuation of the program is medically 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

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)