

US Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/29/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Interdisciplinary pain rehab program for 8 hours a day x 10 days 97799 LUMBAR

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

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

Provider, 2/10/11, 3/10/11

Official Disability Guidelines, Pain Chapter, Criteria for the general use of multidisciplinary pain management programs

Dr., 2/17/11

Clinic, 11/18/10 to 2/17/11

Clinic, 2/9/10

Clinic 11/9/10

Dr., 10/13/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a XX-year-old man who was injured on XX/XX/XXXX while picking up a hose when he felt something pop in his low back. His diagnosis is lumbar disc displacement. He has had a psychological evaluation, physical therapy and injection therapies. He had been recommended for surgery in the past, but there was no approval for this. He has since been recommended for a CPMP. This was denied with the rationale that no therapy progress reports or individual psychotherapy reports were provided for review. The patient's objective BDI-II score and BAI score revealed no significant indications of depression or anxiety. The DD evaluation revealed no significant functional limitations that would reasonably require a tertiary level rehabilitation program.

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

The attending physician notes that this patient: 1) continues to demonstrate and report limited physical and daily activity functioning; 2) the pain prevents independent functioning, 3) he is

not a candidate for further diagnostic, injection treatment or other invasive or surgical procedures, and 4) he is very motivated to be successful and has no substance abuse issues. The treatment team reviewed the ODG criteria for admission to a pain program and has noted that this patient meets the requirements. The reviewer agrees that this patient meets ODG requirements for entrance into a CPMP. The reviewer finds there is a medical necessity for Interdisciplinary pain rehab program for 8 hours a day x 10 days 97799 LUMBAR.

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)