SENT VIA EMAIL OR FAX ON
Mar/29/2011

True Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (214) 717-4260
Fax: (214) 276-1904
Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Mar/22/2011

IRO CASE #:
DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic Pain Management 5 X Wk X 2 Wks

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:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY
This is a XX-year-old woman reportedly injured her back and right foot with a fall on a wet floor on XX/XX/XX. Though no MRIs and prior examinations were provided, several physicians performed reviews. She apparently was felt to have a bilateral L5/S1 radiculopathy and underwent an L5/S1 hemilaminectomy on 12/13/06. She continued to have severe pain and failed to improve with therapies and epidural injections. She was felt to be at MMI on 8/23/07. Dr. cited her attendance at 6 sessions of a chronic pain program in 9/09. She had multiple FCEs and improved from a sedentary one on 7/16/09 to light level PDL on the ones reported on 12/09, 6/10 and the report of the one performed on 10/8/10. She started a pain program on 12/1/10. The progress notes stated she missed session for illness. There is an unsigned hand written progress note states, “Request addition 18 sessions. Her attendance has been a problem...The program has been effective for her and she has gained significant benefit despite her attendance problems. Another 10 sessions with her commitment to attend more regularly will surely benefit her greatly.” Her pain level on 1/4/11 was 8. Dr. feels she would benefit from the pain program. He noted her pain was at a 7-8 on 12/29/10. Ms feels it will help her coping skills.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
There are several issues here that need to be considered.

First, she sustained her injury and surgery more than x years ago. The ODG does not encourage a pain program more than 2 years after the injury. She appears to have been granted a "waiver" from this guideline. Second, Dr. described her as being in a pain program in 2009, but no other information is provided. The ODG does not look favorably on repeating pain programs. "At the conclusion and subsequently, neither re-enrollment in repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, out-patient medical rehabilitation) is medically warranted for the same condition or injury…" This was a second variance. The programs are generally approved for 10 sessions, and an extension for an additional 10 may be granted based upon progress with both objective and subjective measurements. She was given this third variance. The pain had not improved and I did not see any improvement in pain medications or function. The BDI and BAI reportedly worsened. The ODG notes pain may increase as activity increases, but the IRO reviewer did not see any activity increase. There is a request for an addition 10 sessions because illness caused her to miss sessions. The IRO reviewer could not determine from the records what type of illness effected select days of the week over a month. A fourth variance is requested to give her more time because of "her commitment to attend more regularly…" Yet the ODG states, " Treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains." This makes me question her actual motive to change although she states she wants to change. The ODG provides "In questionable cases, an opportunity for a brief treatment trial may improve assessment of patient motivation…" She has had that opportunity. Further "Total treatment duration should generally not exceed 20 full-day (160 hours) sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities)." Again, the reason was given was illness for several days each week over 6 weeks. "Treatment duration in excess of 160 hours requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans explaining why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed." Her lack of compliance has kept her from the 160 hours. Therefore, without clear evidence of motivation, demonstrated by compliance and progress the request is not 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
[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
[ ] MILLIMAN CARE GUIDELINES
[X] 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)