

SENT VIA EMAIL OR FAX ON
Apr/04/2011

IRO Express 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:

80 hours (10 sessions) Chronic Pain Management

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

A-Medical 7/23/10 thru 2/21/10

Healthcare System 7/23/10 thru 12/9/10

Work Hardening Treatment Plan 8/2/10 thru 8/31/10

Rehab 2/2/11

4/5/10 thru 5/25/10

Progress Notes Dr. 2/17/10 thru 7/21/10

MRI 1/22/10

OP Report 3/11/10

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured on xx/xx/xx. He reportedly injured his right shoulder flipping a mattress. The MRI showed a full thickness rotator cuff tear with retractions] of the supraspinatus tendon. He had surgery on 3/13/10. He had persistent pain after therapy. Dr. (7/23/10) advised a chronic pain program due to persistent pain and limited functioning, but sent him to a work hardening program. His PDL was sedentary light when he started 10 sessions of Work Hardening. He was tested again on 8/24/10 and found to have psychological issues. Ten more sessions were advised, but do not appear to have been given. He is being seen for a possible Pain program. His pain reportedly has become worse. The assessment on 1/19/11 and 8/24/10 showed a Pain of 5, BDI 12 and BAI of 5 per Mr. improved from the BDI 23, BAI 17 in July. The appeal for the Pain program is that he is having pain and little else remains for treatment. He is not meeting his job demands.

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

The issue is whether or not this man should be enrolled in a pain program. The ODG advises that the treating doctor clearly identify the appropriate program. Dr. noted the psychological issues and wanted a pain program. (“...that a course of Chronic Pain management would be greatly therapeutically beneficial”, “...would benefit from participation in a multidisciplinary chronic pain management program...”), the IRO reviewer is not sure why he put this man in a work hardening program and why it was not completed. The psychological scores improved during the work program and were maintained in the screen for the pain program (unless the same scores were used). The ODG does not encourage going from a work hardening program to a pain program. Yet, it allows it under circumstances. In this case, the pain program was not instituted. Even with the improvements noted, he continues to have pain. The IRO reviewer is not sure that he will benefit from the program, but there are no objections to a trial of the first 10 sessions and the request 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)