

# I-Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Aug/16/2011

**IRO CASE #:**

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

Chronic Pain Management Program 5xWk x 2 Wks 97799

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

MD, Psychiatrist  
Board Certified by the 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**

Official Disability Guidelines  
7/19/11, 7/27/11  
LLC 6/15/11 to 7/21/11  
Injury Center 7/13/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a man who was injured on xx/xx/xx while. His treatment has consisted of diagnostics with x-rays and MRI's, physical therapy, pain injections, spinal cord stimulator, surgery, TENS unit and medication management. The surgical procedures include 3 laminectomies and one spinal fusion. His current PDL is light and his job PDL is heavy. His BDI is 35 and BAI is 30. His treatment team has requested that he be authorized for CPMP for 10 sessions. This has been denied twice. The rationale for the denial is that he is on social security and there is no discussion of his interest or motivation to give up disability payment and return to work. There is no discharge goal for level of function and no specific post discharge plans. Negative predictors for success have not been identified.

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

The treatment team has adequately rebutted the prior reviewers' rationales for denial of CPMP x 10 sessions. They state that the patient has agreed to proceed even knowing he may lose his disability status. The patient is motivated to change and wants to return to the work force. His treatment team has developed a treatment plan that discusses post-discharge goals and levels of function. The treatment team has also adequately addressed each of the negative indicators mentioned by the prior reviewers. The patient has exhausted all lower levels of care. While the injury is nearly four years old, the patient's laminectomy surgery was

in 2009. The patient currently relies on narcotic pain medication as his primary means of pain relief and is motivated to discontinue medications. An adequate and thorough multidisciplinary evaluation has been made. It appears that the ODG criteria has been substantially met as evidenced in the records provided by the treatment team. For these reasons, the reviewer finds there is a medical necessity for Chronic Pain Management Program 5xWk x 2 Wks 97799.

**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)