

I-Decisions Inc.
An Independent Review Organization
5501 A Balcones Drive, #264
Austin, TX 78731
Phone: (512) 394-8504
Fax: (207) 470-1032
Email: manager@i-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/23/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 Hours (10 Sessions, 5 Times a Week for 2 Weeks, 8 hr days) Additional Chronic Pain Management

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

MD, Board Certified Physical Medicine and Rehabilitation

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

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. He was injured when he caught his knee between a pallet jack and table. Treatment to date is noted to include diagnostic testing, medication management, physical therapy, injections to the knee, and right knee arthroscopy with limited debridement plica excision on 09/15/10. Designated doctor evaluation dated 04/25/09 indicates that the patient reached MMI as of this date with 8% whole person impairment. Functional capacity evaluation dated 06/23/11 indicates that he performed at a frequent sedentary and an occasional light PDL and required PDL is heavy. Collaborative report dated 07/01/11 indicates that the patient has completed 10 sessions of chronic pain management program. Current PDL is light. The patient reported 30% improvement in pain level. Current medications include Hydrocodone, Cyclobenzaprine, Zolpidem tartrate, and Meloxicam. BDI improved from 39 to 23 and BAI from 33 to 18.

Initial request for additional 80 hours of CPMP was non-certified on 07/11/11 noting that specifics were not provided with regard to what type of intervention has previously been provided. The denial was upheld on appeal dated 07/25/11 noting that there is no written rebuttal to the rationale cited for the initial denial and no new clinical information was submitted for review.

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

The patient has completed 10 sessions of chronic pain management program to date; however, there are no objective measures of improvement documented. The initial psychological evaluation was not submitted for review. The patient's subjective pain level has improved; however, PDL only increased from occasional light to frequent light. Given the

lack of documented improvement, the request for 80 Hours (10 Sessions, 5 Times a Week for 2 Weeks, 8 hr days) Additional Chronic Pain Management is not indicated as medically necessary at this time.

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)