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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: August 2, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
80hrs CPMP 97799

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 female whose date of injury is xx/xx/xx. The patient was injured picking up a trash bag when she felt pain in her lower back. The patient was diagnosed with a lumbar strain. Treatment to date has included diagnostic testing, physical therapy and medication management. Designated doctor evaluation of 09/14/10 indicates that the patient has not reached MMI. Diagnoses is listed as lumbar strain with a history of lumbar radiculopathy. Functional capacity evaluation of 09/24/10 indicates required PDL is heavy and current PDL is light. The patient underwent lumbar epidural steroid injection on 11/18/10 with significant pain relief. Functional capacity evaluation of 06/06/11 indicates that current PDL is light.

Mental health evaluation on 06/08/11 indicates that medication includes Ibuprofen. BDI is 25 and BAI is 17. Diagnoses are pain disorder and major depressive disorder, moderate. The insurance company denied the request citing lack of documentation regarding the patient's previous physical therapy. There is no indication that the patient has undergone psychological treatment. The denial was upheld on appeal on 07/07/11 noting that lesser levels of care have not been exhausted and there is no documentation to indicate that narcotic medication is currently required for management of pain symptoms.

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

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld, as the records fail to establish that the ODG criteria have been met. This patient has not exhausted lower levels of care and is not an appropriate candidate for this tertiary level program according to the evidence-based guidelines. The patient is noted to currently take only Ibuprofen. The patient has been diagnosed with major depressive disorder; however, there is no indication that the patient has undergone a course of individual psychotherapy or been placed on psychotropic medication. There is no medical necessity at this time for 80hrs CPMP 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)