

# US Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Dec/12/2011

**IRO CASE #:**

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

chronic pain management x 10 days

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

M.D., Board Certified Physical Medicine and Rehabilitation and Pain Medicine

**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**

ODG, Chapter: Pain  
Utilization review determinations, 10/21/11, 11/18/11  
Responses to denial letters, 10/31/11, 12/06/10, 02/23/10  
Initial diagnostic screening, 02/11/10  
MRI cervical spine, 11/02/09  
CPMP patient treatment goals and objectives, 10/11/11  
Treatment progress reports, 10/05/11, 06/06/11, 11/05/10  
FCE, 09/06/11  
Office visit notes, 08/23/11, 09/20/11, 06/15/11, 05/04/11, 02/02/11, 03/02/11, 04/04/11, 12/14/09, 01/12/10, 12/16/09, 12/01/09, 11/24/09  
Notice of disputed issues and refusal to pay benefits, 06/22/10  
Handwritten patient notes, 09/06/11, 05/10/11, 03/29/11  
Daily treatment plan, 10/17/11  
BHI2 report, 10/05/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is xx/xx/xx. He was on a ladder when the ladder moved, causing an air conditioner coil to fall on his head. Physical therapy, medication management, TENS unit, cervical epidural steroid injections, mild stretches, heat packs and individual psychotherapy have been utilized. FCE on 09/06/11 indicates that current PDL is light and required PDL is medium. Diagnoses are adjustment disorder with mixed anxiety and depressed mood, acute; and pain disorder associated with work related injury medical condition and psychological factors. Current medications include Norco, Percocet, Neurontin, Soma, Phenergan, Ambien CR, Cymbalta and Xanax. The patient has completed a total of 12 sessions of individual psychotherapy. BDI decreased from 24 to 20 and BAI from 41 to 38.

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

The mental health evaluation is inadequate as an evaluation for admission to a comprehensive pain rehabilitation program. The employed psychometric assessments are inadequate to support the diagnosis or symptoms. The patient has not undergone a planned neuropsychological evaluation. The patient's date of injury is greater than 4 years old. The ODG do not recommend chronic pain management programs for patients with a date of injury greater than 24 months old as there is conflicting evidence that these programs provide return to work beyond this period. The reviewer finds there is not medical necessity for chronic pain management x 10 days.

**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)