

US Resolutions Inc.

An Independent Review Organization
1115 Weeping Willow
Rockport, TX 78382
Phone: (361) 226-1976
Fax: (207) 470-1035
Email: manager@us-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/11/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 chronic pain management sessions over 2 weeks

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 Management

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
Utilization review determinations, 10/20/11, 10/31/11
Subsequent medical report 10/07/11
Laboratory reports 08/03/11
Radiographic report chest 07/25/11
Procedure note 07/25/11
Handwritten note 07/18/11, 05/17/11, 05/10/11, 09/09/11
Scrotal ultrasound 06/01/11
CT abdomen and pelvis 06/01/11
Behavioral evaluation report 10/13/11 and functional capacity evaluation 10/13/11
Individual psychotherapy note 11/22/11
Visit summaries 05/17/11, 05/10/11

PATIENT CLINICAL HISTORY SUMMARY

This male patient was lifting a hydraulic pump when part of the pump fell on his lower abdominal quadrant. He was injured on the right side of his neck, right shoulder and entire lower abdominal quadrant. The injury occurred on xx/xx/xx. He had laparoscopic right inguinal herniorrhaphy on 07/25/11. Additional treatment has included medication management, diagnostic testing, physical therapy, and two steroid injections. An FCE from 10/13/11 shows that the patient's current PDL is light and required PDL is heavy. Behavioral evaluation report dated 10/13/11 shows that BDI is 24 and BAI is 11. Diagnoses are pain disorder associated with psychological factors and a general medical condition, along with major depression.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

This patient's current medication regimen is not documented. It is unclear from the records provided if this patient has exhausted lower levels of care and is therefore an appropriate candidate for CPMP. He has been diagnosed with major depressive disorder, but there is no indication that he has undergone an adequate course of individual psychotherapy or been placed on antidepressant medications. For these reasons, the criteria for admission to a pain program has not been satisfied. The reviewer finds there is not a medical necessity for 10 chronic pain management sessions over 2 weeks.

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)