

SENT VIA EMAIL OR FAX ON
Feb/08/2011

True Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/07/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic pain management program 80 hours (10 sessions)

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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

This is a xx-year-old laborer injured on x/xx/xx when the recoil of recoiled and struck his left chest. Dr. noted he also fell 6 feet. Initial x-rays done two weeks later reported fracutes of the left 9 and 10 ribs. These were not seen on an MRI done a week later, nor on subsequent CT scans.

He underwent an FCE on 8/24/10 and was reported at a light to sedentary PDL when his job required him to be at a heavy one. He was unable to lift or carry anything beyond 0 (no weight) in the testing. He had bilateral reduced grasps with a reported coefficient of variance of 27.1 on the left and 13 on the right. The FCE report states that "Values greater than 15% may be an indicator of inconsistent effort. Key pinch strength was normal bilateral. Further, he had normal pinch strength.

While most of the medical records describe left chest pain, he was also reported as having low back pain from 8/13/10. At times, the left rib pain went down his left leg (9/16/10). The pain was described as being like pins and needles. It worsened with activity. He declined any

injections. Dr. wrote on 12/10/10 "This patient is a candidate for and requires additional diagnostic evaluation to further evaluate the extent of injury to the Lumbar spine...(to) determine proper phases of care.....magnetic resonance imaging of the lumbar spine is medically necessary at this time." He wanted this man in a pain program. A month earlier (11/29/10) he advises a work program.

There was a designated doctor exam by Dr. on 2/22/10 who felt this man was at MMI with a 0% impairment rating. He wrote that this man was working without restrictions at the time. Dr. felt he had a contusion.

RN noted this man had a BDI of 23, BAI 32, GAF 58. He had significant stressors.

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

There are several concerns. The IRO reviewer is not sure if he had a rib fracture. These fractures would not have healed in a week from the x-ray to the MRI without showing changes on the MRI. The actual report was not provided.

Another is the validity of the FCE. The report described weakness of both hands and questioned the validity by the coefficient of variance. The IRO reviewer is not sure why he would have weakened grip testing bilaterally with a left rib injury. Second, his pinch was normal. The weakness documented is therefore inconsistent.

Dr. discussed a pain program and a work program. The ODG would permit one or the other under certain circumstances.

Dr. also wants a lumbar MRI done. The IRO reviewer presume this is for the back pain and left leg pain.

The ODG states that

(2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement.

The accepted treatment of the persistent rib fracture pain and determination of the pain generator could include intercostal blocks. One reviewer suggested trigger point injections, but the IRO reviewer did not clearly see trigger points described in the examinations.

(3) An adequate and thorough multidisciplinary evaluation has been made. This should include pertinent validated diagnostic testing that addresses the following: (a) A physical exam that rules out conditions that require treatment prior to initiating the program. All diagnostic procedures necessary to rule out treatable pathology, including imaging studies and invasive injections (used for diagnosis), should be completed prior to considering a patient a candidate for a program.

As Dr. noted, he wants to have a lumbar MRI done. This means the medical workup has not been completed. Further, it also relates to the incomplete diagnostic and treatment workup as noted per criteria 2.

Therefore, this man has not had a complete workup and treatment. The IRO reviewer has questions of FCE validity. The pain program is not justified 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)