

SENT VIA EMAIL OR FAX ON
Feb/11/2011

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/11/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic pain management program x 10 day initial trial

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

AADEP Certified

Whole Person Certified

Certified Electrodiagnostic Practitioner

Member of the American of Clinical Neurophysiology

Clinical practice 10+ years in Chiropractic WC WH Therapy

Chiropractor

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

OD Guidelines

Injury 1 5/17/XX thru 12/13/XX

PPE 11/22/XX

Dr. 11/30/XX

Decision 3/29/XX

Provider 12/24/XX

OP Report 4/26/XX

MRI 12/3/XX

Provider 1/10/XX and 12/13/XX

PATIENT CLINICAL HISTORY SUMMARY

The injured employee was involved in an occupational injury on XX/XX/XX while working for Company. The injured employee underwent physical therapy, steroid injections, medication, and knee surgery on 4/26/XX. The injured employee underwent 12 sessions of post-operative physical therapy. The injured employee has psychological testing, FCE testing, and 20 sessions of work hardening. The injured employee has undergone psychological testing and

multidisciplinary evaluation with baseline functional testing. A trail of 10 sessions of chronic pain management is now being requested. Treatment notes for chronic pain management describe physical therapy and rehabilitation, biofeedback training, education group therapy, medication management, individual psychotherapy, and vocational counseling. Orthopedic surgeon performed postoperative evaluation and has recommended chronic pain management. Psychological goals and termination criteria of treatment have been addressed. The injured employee has undergone a detailed assessment/evaluation for the requested program.

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

The injured employee currently does meet the required guidelines for a trial of 10 sessions of chronic pain management. Medical records provided support the request for 10 sessions of chronic pain management. The injured employee has exhausted lower level care, has chronic pain syndrome beyond 3 months (#1), loss of ability to function (#2) as indicated by FCE, treatment of chronic pain has been unsuccessful (#3), not a candidate for further surgical procedures (#4), adequate and thorough multidisciplinary evaluation has been made (#5) with psychological testing, FCE, patient exhibits motivation to change (#6) as indicated in report, negative predictors of success above have been addressed (#7) in request / treatment plan, (#8) the program may be used for both short-term and long-term disabled patients, treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy (#9) as indicated by 10 sessions being requested, (#10) total treatment duration should generally not exceed 20 full-day sessions as indicated by 10 sessions be requested, and finally at the conclusion and subsequently, neither re-enrollment in nor repetition of the same or similar rehabilitation program (#10).

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)