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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Program 10 sessions

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD, Board certified in Physical Medicine and Rehabilitation with expertise in 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

Notice of Non-authorization 12/1/10, 12/6/10

Healthcare Systems 10/28/10-11/30/10

Work Hardening Notes, 10/27/10-12/3/10

Diagnostics 10/19/10

Rehabilitation Center 12/1/10-12/6/10

Healthcare Systems 10/8/10

Health Services 9/12/10 -10/6/10

Imaging 7/28/10

M.D. 12/9/10

ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This worker reported a trip and fall on xx/xx/xx. The carrier has accepted his injuries as lumbar strain and left hip, knee and shoulder contusion. Degenerative disc disease of the spine and osteoarthritis of the hip are pre-existing conditions and not accepted by the carrier. The claimant has had therapy and then progressed to a work hardening program, which he completed last month. He is using Hydrocodone, Mobic, Levoxyl, Lasix, Allopurinol (the dictation incorrectly says Haldol) and Coreg. He did have a right rotator cuff surgery in 2009. There is a request for a chronic pain program.

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

Chronic pain programs are recommended where there is access to programs with proven successful outcomes, such as decreased pain and medication use, improved function and return to work and decreased utilization of the health care system. There should be evidence that a complete diagnostic assessment has been made, with a detailed treatment plan of how

to address physiologic, psychological and sociologic components that are considered components of the patient's pain. The patient should show evidence of motivation to improve and return to work and meet the selection criteria. The predictors of failure in a CPP are poor work adjustment and satisfaction, a negative outlook about future employments, high levels of pretreatment depression, pain and disability, increased duration of pre-referral disability time, higher levels of opioid use and elevated pre-treatment levels of pain. This claimant worked at his job for 35 years. He has completed a work hardening program and was not able to return to work. He continues to have pain. He does not have high levels of depression with a BDI of 9. BAI is 12. This patient does meet the ODG criteria for a trial of CPP. The reviewer finds that medical necessity exists for Chronic Pain Program 10 sessions.

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)