

SENT VIA EMAIL OR FAX ON  
Dec/30/2010

## True Resolutions Inc.

An Independent Review Organization  
835 E. Lamar Blvd. #394  
Arlington, TX 76011  
Phone: (214) 717-4260  
Fax: (214) 276-1904  
Email: rm@trueresolutionsinc.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Dec/29/2010

**IRO CASE #:**

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

Chronic Pain Program

**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

Denial Letters 11/22/10, 10/25/10, 12/3/10

Accident and Injury 11/10/10 thru 11/24/10; CPMP 10/27/10  
thru 11/10/10

FCE 9/28/10

Dr. 9/28/08

MRI 8/22/09

Peer Review 10/20/10

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee was involved in an occupational injury on or about xx/xx/xx. He was apparently using a crowbar on a flatbed truck when he injured his back. He was initially seen by Dr. and underwent about 23 sessions of chiropractic therapy with Therapy Center. He was referred for an MRI of the lumbar spine, which revealed disc pathology at L4-5 and L5-S1. He eventually underwent an EMG/NCV, which revealed right S1 and possible L5 radiculopathy. He was prescribed medication for pain and muscle spasms. He eventually underwent several epidural steroid injections followed by post injection physical therapy. He eventually underwent an additional follow-up MRI of the lumbar spine, FCE, and x-rays. He was assessed MMI with a 5% whole body impairment on 7/09/2010. He underwent psychological assessments and testing. The injured employee has completed 10 sessions of chronic pain management. Ten (10) additional sessions 5 x per week for 2 weeks have been requested.

Chronic pain program progress reported:

Pain level decreased 8 to a 6

McGill Pain Questionnaire 59 to a 60.

Oswestry Low Back Disability Questionnaire 68 to a 64

Beck Depression Inventory 31 to a 23.

Back Anxiety Inventory 28 to a 19

Sleep disturbance 65 to 43

Fear Avoidance Beliefs Questionnaire 39 to 24.

Physical exercise improvements throughout.

Medication dependence has decreased.

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

The injured employee does meet the required guidelines for 10 additional sessions of chronic pain management. The injured employee has shown improvements in the initial 10 sessions. Proper testing and evaluation were performed prior and post with documented subjective and objective gains as required by ODG.

#### **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)