

SENT VIA EMAIL OR FAX ON
Dec/28/2010

True Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/28/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management X 10 Lumbar

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

Clinical psychologist; Member American Academy of 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

OD Guidelines

Denial Letters 12/15/10 and 12/3/10

1/13/08 thru 11/11/10

PPE 10/18/10

Dr. 7/6/10 thru 10/14/10

Dr. 6/3/10

Dr. 5/11/09 thru 7/17/09

Dr. 2/6/09

Dr. 6/24/09 thru 11/10/09

IRO Decision 4/9/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured on xx/xx/xx while performing his regular job duties as a worker . Initial diagnostic screening of 10-26-10 states that patient was injured when he slipped and fell five feet from the scaffold he was working on, sustaining a 15-20 second LOC

with amnesia for the events immediately preceding the fall. He had a 3-day delay of treatment before being sent to the company doctor where he received x-rays, ibuprofen and Soma and was released back to work light duty. He has subsequently been terminated by his employer. He later received surgery to his low back on 11-13-09 to include lumbar laminectomy, discectomy, arthrodesis, and internal fixation with bone growth stimulator. Patient was put at statutory MMI for his neck, low back, and bilateral lower extremities with a 19% WPI rating. He continues to be in an off work status. .

Since the injury, claimant has received the following diagnostics and interventions: x-rays, MRI's (positive), EMG/NCV (positive), surgery x2 (lumbar), physical therapy, ESI's, and medications management. Current medications include Hydrocodone, Tramadol, Carisoprodol, and Ambien. PPA conducted on 10-18-10. Results showed patient performing at a Medium PDL, up from a Light PDL. Recommendation at this time from his treating doctor is 10-day trial of chronic pain management program, which is the subject of this review.

Current psychometric testing shows Pain Experience Scale score=81.5, indicating a serious reaction to his pain when symptoms are most severe. He scored a 28 on the BDI and a 22 on the BAI. McGill Pain Index is a 48, Oswestry is a 52%, Neck Pain Disability Index is a 46%, FABQ is 17/38, sleep disturbance is deemed moderate to serious, PSS shows 3-4 psychosocial stressors, and GAF currently is 58. Mental status exam shows a goal-oriented individual with no evidence of delusions, paranoia, or suicidal/homicidal ideation. Vocationally, patient states an interest in retraining, wanting to get out of the construction industry. There is an established medication reduction protocol for the program. Patient is diagnosed with 309.89 Mixed Adjustment disorder, V62.2 Occupational Problem, and V62.10 Partner Relational Problems, and 307.89 Pain Disorder. The current request is for initial trial of 10 days of a chronic pain management program. Goals for the program include: encourage a change of focus from pain to functioning and return to the work force, reduce pain and symptomatology, decrease reliance on medication, cognitive-behavioral intervention for decreasing depressed/anxious mood, decrease smoking, improve mobility, improve overall strength and gait.

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

Patient is young, has a clean work history, and appears motivated to return to work. He may have benefited from the individual therapy sessions, but apparently these were requested but not approved. Goals for the program are well developed and appropriate and include step-down from his narcotics. A thorough and multidisciplinary treatment plan has been constructed. Contraindications are limited and a plan exists to deal with each of them. Patient is not at clinical MMI, per DD exams and the fact that he has not plateaued in his physical and biopsychosocial recovery. As such, request is considered medically necessary and reasonable and follows the 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)