

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/16/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management 5xwk x2wks

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

MD, Psychiatrist

Board Certified by the American Board of Psychiatry and Neurology

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

Offiical Disability Guidelines

11/15/10, 12/14/10

Behavioral Health Associates, Inc. 6/9/09 to 11/25/10

Chronic Pain Management Program 11/9/10

FCE 10/28/10

DC 11/20/08 to 10/19/10

MD PA 3/24/09 to 3/26/09

Radiology Associates 9/22/08

4/17/08 to 6/27/08

Pain Management Physiciansm P.A. 6/17/08

Upper Extremity Nerve Testing 3/9/09

MD 4/17/09 to 10/28/09

Diagnostic 12/8/08

Carrier Records additional 219 pages dated 4/17/08 to 11/18/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a Male who was injured on xx/xx/xx at work when lifting a heavy box. He has been treated with diagnostic procedures, physical therapy, medications and 15 sessions of individual psychotherapy. He is taking hydrocodone, Naproxen, gabapentin, and Dalmane. A functional capacity evaluation shows he is operating at the light level and his previous work requirement was heavy. His job has been terminated. He rates his pain as 7/10 and has severe depression and anxiety as measured by the BDI and BAI. Further surgery has been denied. He is in a Master's Degree program in and has a vocational plan to pursue that field. A request was made for 10 sessions of CPMP. This request was denied by the insurance company reviewer. The rationale given was: "Given the amount of IT and rehab the patient

has had without significant improvement and the fact that he is reportedly at a light PDL which would be a reasonable PDL to attend school, the request is not substantiated as reasonable and necessary per evidence based guidelines.”

M.S., L.P.C., wrote a rebuttal dated 11/25/2010. She points out that the claimant’s treatment goals are reasonable. Additionally, an adequate evaluation has been made, methods of treatment to treat the chronic pain resulting from the pain condition have not been successful, there is a significant loss of ability to function independently resulting from the pain condition and there is a strong motivation to change. The Millon BMD showed there were no major psychological impediments to recovery.

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

The rebuttal letter written by Ms. adequately addresses all of the prior peer reviewer’s objections. In addition, this claimant seems to have good cognitive skills, realistic plans for additional training and re-employment, and good motivation to succeed. He meets ODG criteria to be a candidate for a rehabilitation program. A thorough evaluation has been made, methods of treatment to treat the chronic pain resulting from the pain condition have not been successful, there is a significant loss of ability to function independently resulting from the pain condition and there is a strong motivation to change. For these reasons, upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be overturned. The reviewer finds that medical necessity does exist for Chronic Pain Management 5xwk x2wks.

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)