

# US Resolutions Inc.

An Independent Review Organization  
1115 Weeping Willow  
Rockport, TX 78382  
Phone: (512) 782-4560  
Fax: (207) 470-1035  
Email: manager@us-resolutions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Dec/31/2010

**IRO CASE #:**

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

80 hours of Chronic Pain Management 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  
Subspecialty Board Certified 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**

Official Disability Guidelines

. 11/23/10, 12/14/10

10/26/10 to 12/20/10

Pain Management, LLC 10/21/10

RGVO 8/13/09 to 6/25/10

Orthopedic Hospital 10/15/09

Diagnostic Imaging Center 3/10/09 to 3/16/09

MRI 8/5/08

4/20/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is a man injured on xx/xx/xx. He sustained a traumatic hip dislocation. He subsequently had hip surgery. He has ongoing cervical and lumbar disc problems. He had 10 sessions of a pain program. His pain improved from an 8 to a 5. His BDI improved from 26 to 22. The BAI worsened from 10 to 11. He remains on Soma, methadone and hydrocodone. Ten additional sessions of CPMP have been requested and are in dispute.

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

This is a man with chronic pain. The ODG determines the appropriateness for continuation of the pain program based upon compliance (accomplished) and significant objective and subjective gains. The latter includes improved motion and function. While there was no description of the reduction in pain medication use, the patient's pain score improved in the initial 10 sessions. The BDI improved slightly, but the BAI worsened. At the same time, the ODG does not advise the program be interrupted "solely to document these gains, if there are

preliminary indications that they are being made on a concurrent basis.” The patient meets the ODG criteria for the additional treatment sessions. The reviewer finds medical necessity for 80 hours of Chronic Pain Management Program (10 sessions).

(10) Treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. (Note: Patients may get worse before they get better. For example, objective gains may be moving joints that are stiff from lack of use, resulting in increased subjective pain.) However, it is also not suggested that a continuous course of treatment be interrupted at two weeks solely to document these gains, if there are preliminary indications that they are being made on a concurrent basis.

**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)