

US Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/07/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional chronic pain management five time a week for two weeks 80hrs 97799

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

MD, Board Certified
Physical Medicine and Rehabilitation

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-Treatment for Workers' Compensation, Chapter: Pain Utilization review determination dated 03/16/11, 03/29/11
Letter dated 05/20/11
Request for 10 additional days of CPMP dated 03/11/11, 03/22/11
Job description, undated
CPMP treatment components, program design, undated
Evaluation for CPMP continuation dated 03/02/11
PPE dated 03/02/11
Functional capacity evaluation dated 12/23/10, 11/23/10
Follow up note dated 03/15/11
Designated doctor evaluation dated 06/01/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. On this date the patient tripped and fell. Designated doctor evaluation dated 06/01/10 indicates that the patient sustained a sprained left ankle and left knee. All imaging studies were normal. The patient was determined to have reached MMI as of 04/15/10. Functional capacity evaluation dated 12/23/10 indicates that current PDL is sedentary-light and required PDL is medium. PPE dated 03/02/11 indicates that current PDL is light. The patient subsequently completed 10 sessions of chronic pain management program. Evaluation for chronic pain management program continuation dated 03/02/11 indicates that FABQ is unchanged. BDI has increased to 49 and BAI increased to 40. Pain level decreased from 7/10 to 6/10. Current medication is OTC Aleve. The request for additional chronic pain management 5 x week x 2 weeks was non-certified on 03/16/11 noting that the prior sessions resulted in an increase in BDI and BAI, no change in FABQ and increase in FABQ physical activity score. This does not

represent significant improvement that would justify continuation of the program. The denial of 03/29/11 noted that an updated short term and long term physical therapy goals was not provided. There should have been movement down to a lower category with Beck scales.

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

This patient has completed a trial of 10 sessions of CPMP without significant improvement documented. The patient's BDI increased to 49, BAI increased to 40, and FABQ is unchanged. The patient is not taking any narcotic medications and only takes OTC Aleve.

The Official Disability Guidelines support up to 20 sessions of chronic pain management program only with evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. Given the lack of significant progress in the program to date, the request for Additional chronic pain management five time a week for two weeks 80hrs 97799 is not indicated as medically necessary.

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)