



7331 Carta Valley Drive | Dallas, Texas 75248 | Phone: 214 732 9359

Notice of Independent Review Decision  
**Amended and Sent 3/22/2011**

**DATE OF ORIGINAL REVIEW: 3/15/2011**

**DATE OF AMENDED REVIEW: 3/22/2011**

**IRO CASE #:**

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

Chronic Pain Management Program x 10 Sessions

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

M.D. Specialized in Rehabilitation Medicine and 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**




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**PATIENT CLINICAL HISTORY (SUMMARY):**

This claimant has a date of birth of xx/xx/xx. He was working as a xxx when he fell down some steel steps. He reported pain in the left shoulder, right knee, neck and back. The fall occurred on xx/xx/xx. His job is for and it is reported that he must lift 100 pounds repeatedly and must stand, sit, bend and reach for prolonged periods. A formal job description is not available. He has not returned to work as there is not light duty. He has had 10 sessions of a chronic pain program. The notes indicate he is self weaning from the Hydrocodone. He has this medication at home and reportedly is weaning. The drug screen is negative for opiates. It does not appear he is taking the medication. He is being prescribed Ibuprofen and Skelaxin. He has changed from Effexor to Amitriptyline. His BDI has decreased from 40 to 25, his BAI has decreased from 15 to 7 and his PCS has decreased from 32 to 21. His sleep has increased from 4 to 6 hours. Functionally he is lifting 100 pounds occasionally based on the notes. His DOT reports that his job requires occasional lifting of 100 pounds. An exact job description should be obtained from the employer when determining return to work ability.

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

He has progressed well with the chronic pain program. The need for another 10 sessions is not established. He has improved well with depression and anxiety. Functionally he has improved and could return to work in some capacity. He is not taking opiates based on the drug screen. If further treatment is needed for return to work, it would be work hardening to ready him for his exact position as. A normally would not lift 100 pounds frequently.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
  
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
  
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES



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- 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)