

SENT VIA EMAIL OR FAX ON
Mar/04/2011

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Mar/03/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic Pain Management Program 5 X wk X 2 wks Right Shoulder

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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
Injury xx/xx/xx
PPEs 12/9/10, 11/3/10, 10/5/10
1/6/11, 2/11/10

PATIENT CLINICAL HISTORY SUMMARY

This man was assaulted at work in a robbery on xx/xx/xx. He sustained injuries to his face, shoulder and low back. He received medical workups. His MRI showed minimal soft tissue injury to the shoulder joint. He received 12 sessions of individual psychotherapy sessions combined with 10 work hardening sessions, plus 20 pain sessions. After 3 months of these treatments, he had a 25 % decrease in pain and tension, 13% in irritability, frustration, and

forgetfulness, and 22% reduction in anxiety, depression and sleep disturbance, His depression worsened slightly. There is a request for 10 additional pain program sessions. Mr., and Dr. and Dr. wrote, "He requires a final 10 day of the intensive interdisciplinary rehabilitation program in order to stabilize active symptoms on a long term basis, increase his functional tolerances, and assist this gentleman with making a safe return to work." He has been looking for work and has not found any. He had some gains in ranges of motion and strength, but the FCE in December showed him at a medium heavy level needing to be at heavy or above for his anticipated work.

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

The arguments provided were for entrance into a pain program. The question in debate is to continue such a program. The ODG states that a pain program should not follow completion of a work hardening program. It does permit redirection from work programs at 10 days. Most pain program goals are reached within 20 sessions. The ODG allows, but frowns upon, going to a pain program after a work hardening program. In essence, he has had 30 days of a 20-day program and an additional 10 are requested. The ODG requires an explanation why the goals were not met and specific treatment plans and goals be provided. The argument given was that he needs it "to stabilize active symptoms on a long term basis, increase his functional tolerances..." The IRO reviewer fails to find a reasonable explanation in the reports why he has not reached his goals and why the additional treatment will accomplish what was not in the prior 30 sessions. Therefore, the request is not 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)