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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic pain management/functional restoration program x 10 days (80 hours)

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified Orthopedic Surgeon

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY
The patient is a female whose date of injury is xx/xx/xx . On this date the patient fell down at work. The patient is status post decompression at L4, L5 and S1 in 1992, fusion at L4-5 in 2004 and exploration of fusion with removal of hardware in 2005. The patient was subsequently managed conservatively with medications. Physical performance evaluation dated 03/09/11 indicates that physical findings include decreased range of motion, positive straight leg raising, and decreased lifting ability. Psychosocial evaluation dated 03/09/11 indicates that the patient feels she is depressed due to her persistent pain and other symptoms related to her work injury. BDI is 32 and BAI is 33. Initial request for chronic pain management functional restoration program x 10 days was non-certified on 03/17/11 noting that it has been nearly x years since the claimant's date of injury. Guidelines do not support these programs for patients whose date of injury is greater than 24 months old. It would

seem highly unlikely that a patient at eight years after the date of injury would now benefit from this type of program. The denial was upheld on appeal on 03/25/11.

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

The patient sustained injuries approximately x years ago. The Official Disability Guidelines do not support chronic pain management programs for patients with a date of injury greater than 24 months old. The patient is noted to have undergone lumbar fusion in 2004 with removal of hardware in 2005; however, there is no comprehensive assessment of treatment completed since that time other than medication management. Given the current clinical data, the reviewer finds that Chronic pain management/functional restoration program x 10 days (80 hours) 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)