

Wren Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

chronic pain management program, 80 hours, lumbar spine, outpatient

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

M.D. 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

Utilization review determination dated 09/26/11, 10/14/11

Letter of medical necessity dated 10/25/11

Request for reconsideration dated 10/10/11

Preauthorization request dated 09/20/11

Behavioral evaluation report dated 09/01/11

Functional capacity evaluation dated 09/01/11

MRI lumbar spine dated 05/23/11

Radiographic report lumbar spine dated 05/23/11

Daily progress note dated 05/31/11, 05/27/11, 05/26/11, 05/24/11, 05/19/11, 05/17/1, 05/16/11, 05/11/11, 05/10/11, 05/09/11, 05/06/11, 05/05/11, 05/04/11, 04/12/11, 03/30/11, 04/07/11, 04/05/11, 04/04/11, 04/01/11, 03/31/11, 03/16/11, 03/23/11, 03/22/11, 03/21/11, 03/17/11, 03/15/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female. She was injured when she was holding onto the leash of a very large dog when the dog pulled away with significant force and pulled the patient forward. She experienced a sharp shooting pain throughout her entire spine. Treatment to date includes diagnostic testing and physical therapy. Functional capacity evaluation dated 09/01/11 indicates that current PDL is sedentary-light and required PDL is heavy. Behavioral evaluation report dated 09/01/11 indicates that BDI is 19 and BAI is 22. Diagnoses are pain disorder associated with both psychological factors and a general medical condition, and major depression moderate.

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

The submitted records fail to establish that the patient has exhausted lower levels of care and is an appropriate candidate for a chronic pain management program. The patient has been diagnosed with major depression; however, there is no indication that the patient has undergone a course of individual psychotherapy or been treated with psychotropic medications. The patient's current medication regimen is not documented. The ODG criteria for admission to a chronic pain management program has not been met. Therefore, the reviewer finds no medical necessity for chronic pain management program, 80 hours, lumbar spine, outpatient at this time.

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)