

Clear Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/20/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 sessions of chronic pain mgt

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 09/01/11, 09/21/11

Preauthorization request dated 08/29/11, 04/28/11

Handwritten note dated 04/21/11

Procedure note dated 01/19/11, 12/17/10, 09/10/10, 08/25/10

Follow up note dated 01/04/11, 11/16/10, 07/27/10

Chronic pain program goal sheet

Psychological evaluation dated 08/25/11, 05/25/11

PPE dated 07/19/11

Reconsideration request dated 09/12/11

Letter of submitted medical records undated

Individual psychotherapy treatment summary dated 10/08/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. She was taking out trash when she pulled the wheel barrel and it got caught on a landing causing her to fall backwards with the wheel barrel landing on top of her. Treatment to date includes SI joint injection and rhizotomy, lumbar facet rhizotomy, medication management, physical therapy, home exercise program, individual psychotherapy, shoulder surgery on 07/24/10. PPE dated 07/19/11 indicates that current PDL is light to light/medium and required PDL is medium. Mental health evaluation dated 08/25/11 indicates that BDI is 38 and BAI is 40. Diagnosis is chronic pain disorder with both psychological factors and a general medical condition. Medications include Hydrocodone, Celexa, Tramadol and Trazadone.

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

This request for 10 sessions of chronic pain management is recommended as medically necessary. The patient has exhausted lower levels of care including surgical intervention,

injection therapy, rhizotomy, medication management, physical therapy, home exercise program, medication management and 10 sessions of individual psychotherapy. The patient continues with functional deficits and significant psychosocial factors. The patient's current PDL is light to light/medium and required PDL is medium. Therefore, the patient is an appropriate candidate for this program.

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)