

# Wren Systems

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Oct/06/2011

**IRO CASE #:**

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

Outpatient chronic pain management program (5) five times per week for (2) two weeks, (80) eighty hours; related to the neck and head

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

MD, Board Certified Family Practice

**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 and Treatment Guidelines  
Utilization review determination 08/26/11, 09/01/11  
Request for preauthorization 08/22/11  
Clinical interview 08/16/11  
Functional capacity evaluation 08/16/11  
Physical therapy outpatient reassessment/progress report 06/23/11, 04/21/11, 05/26/11  
Request for reconsideration 08/26/11  
Initial evaluation report 03/14/11  
Interim report 07/01/11, 05/18/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is xx/xx/xxxx. He was injured while working on a pipeline that was clogged. As the pipeline cleared, gas was released and hit the patient in the left side of his face, left upper extremity and both arms. The explosion reportedly caused severe facial and head injuries. He had multiple foreign bodies embedded in his face and eyes. The explosion caused damage to his ears and his equilibrium. His right eye was dislodged. Diagnoses are listed as vertigo of central origin; visual impairment and abnormality of gait. The patient subsequently underwent approximately 31 physical therapy visits. Functional capacity evaluation dated 08/16/11 indicates that current PDL is light. Psychological evaluation dated 08/16/11 indicates that the patient's chief complaint is inability to sleep. The patient reportedly underwent surgery on his right eye immediately following the injury. The patient was previously placed at MMI with 20% impairment rating. Current medications include Atenolol, Simvastatin, Lisinopril, Zolpidem, Ecotrim, Finasteride and Centrum performance. The patient does not plan to return to work. He states that he can no longer do his job safely. BDI is 20 and BAI is 11. Diagnosis is pain disorder associated with both psychological factors and a general medical condition.

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

patient sustained injuries years ago. The Official Disability Guidelines do not support chronic pain management programs for patients whose date of injury is greater than 24 months old as there is conflicting evidence that these programs provide return to work beyond this period. The submitted clinical interview states that the patient does not plan to return to work. The submitted records also fail to establish that the patient has exhausted lower levels of care and is an appropriate candidate for CPMP. The reviewer finds no medical necessity for

**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)