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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/16/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic pain management X10 days

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

M.D., Board Certified Anesthesiologist

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 dated 03/05/12, 03/22/12

Request for chronic pain management program dated 03/01/12

Reconsideration dated 03/19/12

PPE dated 01/04/12

Handwritten note dated 01/26/12

Chronic pain management plan and goals of treatment dated 12/09/11

Initial behavioral medicine consultation dated 02/16/12, 03/30/11

Reassessment for chronic pain management program dated 12/09/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. He was injured while standing on the gas tank step to adjust his mirror when the step broke causing him to fall on his left knee. He has had MRI, left knee arthroscopy on 10/19/10, physical therapy and medication management. Behavioral medicine consultation dated 03/30/11 indicates that BDI is 4 and BAI is 3. Diagnosis is pain disorder associated with both psychological factors and a general medical condition. Reassessment dated 12/09/11 indicates that BDI is 4 and BAI is 5. PPE dated 01/04/12 indicates that required PDL is heavy and current PDL is light to medium. Behavioral medicine consultation dated 02/16/12 indicates that the patient has participated in a work hardening program and 4 individual psychotherapy sessions. Current medications include Ibuprofen and Lunesta. BDI is 1 and BAI is 3.

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

The patient's date of injury is approximately 2 ½ years old. The Official Disability Guidelines do not support chronic pain management programs for patients who have been continuously

disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. The patient has completed a work hardening program; however, he has not returned to work and current PDL is only light-medium. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program. The patient is not currently taking any narcotic or psychotropic medications. Given the current clinical data, the reviewer finds the requested Chronic pain management X10 days 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 KNOWLEDGBASE

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)