

I-Resolutions Inc.

An Independent Review Organization
3616 Far West Blvd Ste 117-501
Austin, TX 78731
Phone: (512) 782-4415
Fax: (512) 233-5110
Email: manager@i-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/26/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program x 80 Hrs

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

M.D., Board Certified Anesthesiology/Pain Management

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 02/20/12, 03/05/12

PPE dated 02/09/12, 01/09/12

Consultation dated 02/14/12

Request for 80 additional hours of chronic pain management program dated 02/15/12

Reconsideration dated 02/24/12

Reassessment for chronic pain management program continuation dated 02/14/12

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. He was working approximately 27 feet below ground laying pipe when a chain suddenly broke on the backhoe which resulted in a pipe weighing 200 or more pounds dropping on him and striking him on his thoracic spine, thrusting his head forward with his jaw being pushed through the steel casing/racing support and resulting in a broken tooth, causing a rib on his left side to break and puncture his left lung. Thoracic surgery included placement of 8 screws and 2 rods in his thoracic spine. PPE dated 01/09/12 indicates that current PDL is light and required PDL is heavy. The patient completed 80 hours of chronic pain management program. PPE dated 02/09/12 indicates that current PDL is medium. Reassessment for chronic pain management program continuation dated 02/14/12 indicates that FABQ-W decreased from 42 to 39 and FABQ-PA remained 24. BAI increased from 17 to 21 and BDI from 41 to 48. Current medications include Methocarbamol and Acetaminophen-codeine. Diagnosis is pain disorder associated with both psychological factors and a general medical condition; major depressive disorder, moderate.

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

The patient has completed 80 hours of chronic pain management program to date with limited progress. The patient's PDL has improved from light to medium; however, as stated by the previous reviewer, given that he is 60 pounds from reaching a heavy PDL for his current job, the plan with continuation in the chronic pain management program is to come up with a vocational plan. This indicates the patient has had a plateau with the therapies in the program. The patient's Beck scales have increased. There is no documentation of medication decrease in the program. Given the lack of significant progress, it is the opinion of the reviewer that the request for Chronic Pain Management Program x 80 Hrs 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

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)