

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/31/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

additional 10 eight hour sessions of chronic pain management

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 and Treatment Guidelines

Utilization review determination dated 12/22/11, 12/13/11

Peer review report dated 12/12/11, 12/21/11

Preauthorization for chronic pain management program dated 12/21/11, 12/07/11

Chronic pain program 10 days team summary dated 12/07/11

Functional capacity evaluation dated 12/05/11

Office follow-up note dated 11/16/11

Clinical update dated 12/01/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. Clinical update dated 12/01/11 indicates that the patient has completed 10 days of chronic pain management program. He has reduced use of Hydrocodone by 50%. FABQ-W increased from 36 to 38 and FABQ-PA remained 24. PAIRS score remained 81. BDI improved from 15 to 6 and BAI from 9 to 3. Functional capacity evaluation dated 12/05/11 indicates that current PDL is medium and required PDL is heavy. Initial PDL was light. The patient is reported to have continued low back pain after lumbar microdiscectomy, laminectomy, foraminotomy and partial facetectomy surgery. An initial request for additional 10 eight hour sessions of chronic pain management was non-certified on 12/13/11 noting that the goals of additional proposed sessions of the chronic pain program have not been clearly articulated or enunciated in advance. There is no rationale in the submitted documentation why the claimant cannot continue to taper off analgesic medications while being monitored in an outpatient setting. Also, it is not clearly stated why the claimant cannot return to work on a trial basis. The denial was upheld on appeal dated 12/22/11.

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

This patient has completed 10 sessions of chronic pain management program to date with significant improvement. Beck scales have significantly decreased, the patient has

decreased use of Hydrocodone by 50%, and physical demand level has improved from light to medium. The Official Disability Guidelines support up to 20 sessions of chronic pain management program with documented evidence of patient compliance and objective, functional benefit. Given the patient's progress in the program to date, the reviewer finds the request for additional 10 eight hour sessions of chronic pain management is medically necessary for completion of treatment, consolidation of gains and discharge planning.

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)