

US Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/26/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 sessions Chronic Pain Management Program (CPMP) for the cervical spine and right shoulder over 3 weeks

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

M.D., Board Certified Anesthesiologist; Board Certified Pain Medicine

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

ODG

12/19/11, 01/09/12

Letter 01/12/12

Peer review report 12/13/11, 01/09/12

Psychological evaluation 11/07/11

Functional capacity evaluations, 11/10/11, 06/27/11

MRI of the cervical spine, 06/22/06

Medical records review, 08/18/06

Electrodiagnostic report, 08/16/11

Office visit notes, 10/25/11, 10/20/11, 11/22/11, 01/03/12

PATIENT CLINICAL HISTORY SUMMARY

This female was injured when she was rolling up an extension cord, backed up onto a pallet, fell backward and hurt her right shoulder. Medical records review dated 08/18/06 says that she had physical therapy for 3 months. Diagnosis is listed as myofascial pain syndrome and trigger points right supraspinatus/trapezius area and right medial scapular border. There is a gap in treatment records until functional capacity evaluation dated 06/27/11. The patient's required PDL is light/medium and current PDL is below sedentary to sedentary/light. FCE from 11/10/11 says that required PDL is light and current PDL is sedentary. A psychological evaluation from 11/07/11 indicates that BAI is 12 and BDI is 22. Her medications include Vicodin and Xanax. Her diagnosis is pain disorder associated with both behavioral factors and a general medical condition, chronic pain syndrome.

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

The Official Disability Guidelines do not recommend 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's date of injury is 6 years old. No reasoning has been provided as to why the ODG should not be followed in this particular patient's case. There is no medical necessity for 10 sessions Chronic Pain Management Program (CPMP) for the cervical spine and right shoulder over 3 weeks.

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)