

# US Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** May/29/2012

**IRO CASE #:**

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

additional Chronic Pain Management Program x 80 hours

**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 & Treatment Guidelines

Peer review report dated 01/05/12

Functional capacity evaluation dated 01/25/12

Physical performance evaluation dated 04/12/12

Reassessment for chronic pain management program continuation dated 04/18/12

Request for 80 hours of chronic pain management program dated 04/20/12

Peer review report dated 04/24/12

Utilization review determination dated 04/25/12

Request for 80 hours of chronic pain management program dated 04/30/12

Peer review report dated 05/02/12

Utilization review determination dated 05/03/12

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a female. Peer review dated 01/05/12 indicates that on the date of injury the injured worker was moving a patient and started having lower neck and upper back pain. Treatment to date is noted to include MRI, EMG/NCV, physical therapy, cervical epidural steroid injection, individual psychotherapy and medication management. The patient was given an impairment rating by a designated doctor on 02/15/11 of 9%. The patient qualifies for maintenance care with office visits quarterly for medication management. No further formal therapy was recommended. Functional capacity evaluation dated 01/25/12 indicates that required PDL is very heavy and current PDL is sedentary. The patient completed 80 hours of chronic pain management program. PPE dated 04/12/12 indicates that current PDL is sedentary to light. Reassessment dated 04/18/12 indicates that FABQ-W increased from 12 to 42 and FABQ-PA decreased from 24 to 18. BAI increased from 2 to 4 and BDI decreased from 15 to 14. Pain level was 7/10 and is now 6-7/10. Current medications include Hydrocodone-acetaminophen and Tramadol as needed.

**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. The Official Disability Guidelines support up to 160 hours of the program with evidence of patient compliance and demonstrated significant gains as documented by subjective and objective improvement in functional abilities. The submitted records indicate that the patient's pain level is basically unchanged. The patient's physical demand level only minimally improved. BDI minimally improved. BAI increased and FABQ-W increased significantly. Given the lack of significant improvement in the program to date, it is the opinion of the reviewer that the request for additional Chronic Pain Management Program x 80 hours 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)