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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: June/01/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 day/session 80 hours continuation of interdisciplinary pain management program

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

M.D., 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

Official Disability Guidelines & Treatment Guidelines

Initial mental health evaluation, 12/06/11

MRI lumbar spine, 07/27/11

EMG/NCV, 11/02/11

Procedure note left L5-S1 transforaminal nerve root injection, 01/27/12

Pain clinic worksheet, 02/22/12

Functional capacity evaluation, 02/22/12

Handwritten progress note, 02/24/12

Individual treatment plan Balance 03/01/12-06/01/12

30 day follow-up to initial mental health evaluation, 03/29/12

Peer to peer telephone conference note, 04/02/12

Utilization review determination, 04/04/12

Appeal letter, 04/16/12

Utilization review determination, 04/23/12

Functional capacity evaluation, 04/27/12

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. He was lifting a wooden railroad tie weighing approximately 200 lbs when he felt a popping sensation followed by a sharp pain to his lower back. Mental health evaluation dated 12/06/11 indicates that treatment to date includes physical therapy with no relief. BDI is 41 and BAI is 36. Diagnosis is pain disorder associated with both a psychological and a general medical condition. EMG/NCV dated 11/02/11 revealed no evidence of lumbar radiculopathy, lumbar plexopathy or distal mononeuropathy. He had left L5-S1 transforaminal nerve root injection on 01/27/12. Functional capacity evaluation dated 02/22/12 indicates that required PDL is very heavy and current PDL is light-medium. Follow up note dated 03/29/12 indicates that the patient

completed 10 sessions of chronic pain management program. Current medications are listed as Ultracet, Baclofen and Temazepam. BDI is 22 and BAI is 21.

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; however, there is no comprehensive assessment of the patient's objective, functional response to the program submitted for review to establish efficacy of treatment and support additional sessions. The Official Disability Guidelines support up to 20 sessions/160 hours of the program with evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains.

Given the lack of documented subjective and objective gains in the program to date, the guidelines for extension of the program as per ODG have not been satisfied. The reviewer finds there is not a medical necessity at this time for 10 day/session 80 hours continuation of interdisciplinary pain management program.

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)