



ALLMED REVIEW SERVICES INC

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Amended Notice of Independent Review Decision

IRO REVIEWER REPORT TEMPLATE -WC

Date notice sent to all parties: 8/22/12 and 8/27/12

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Please address medical necessity of Chronic Pain Management Program X10. Base medical necessity on ODG criteria and mention citation in report.

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

Texas Licensed Psychologist.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X-Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records Review includes:

1. Denial letter dated 7/19/12 and 8/10/12
2. 7/13/12 pain program treatment goals
3. 6/29/12 repeat Initial Diagnostic Screen
3. 7/10/12 FCE
4. Treatment progress report 10/25/11
5. Initial Diagnostic Screen 8/10/11.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured at work on xx/xx/xx. She was treated conservatively by a local chiropractor who referred her for psychological assessment and eventual psychotherapy. Medication management and physical therapy were also attempted. An attorney was hired and an initial psychological evaluation was performed. Surgery has been attempted up to 3 times for the lumbar spine with post-operative therapy and psychological counseling.

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

Based on the ODG criteria for Chronic Pain Programs, this patient does not qualify. She has multiple negative predictors that are not addressed by the program treatment plan.

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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X-DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

X-ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES