

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

May/23/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CPMP X 80 hours

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

Board Certified Anesthesiologist

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)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. On this date the patient jerked his back quickly and felt a pop. Functional capacity evaluation dated 03/28/14 indicates that current PDL is less than sedentary and required PDL is medium. The patient is not currently working. Behavioral evaluation dated 03/28/14 indicates that treatment to date includes x-rays, physical therapy, chiropractic, injections, TENS unit, work hardening and MRI. Current medication is hydrocodone. BDI is 5 and BAI is 13.

Initial request for CPMP x 80 hours was non-certified on 04/24/14 noting that the length of time that the claimant is removed from the onset of symptoms would be considered a negative predictor of a positive response from such an extensive program. The denial was upheld on appeal dated 05/02/14 noting that the employee has mild psychological barriers as documented in the behavioral health evaluation. The patient's date of injury is from xxxx. Guidelines state that there is little research as to the success of return to work functional restoration programs in long-term disabled patients over 24 months. Available studies have concluded that there are limited results in patients with long-term disability.

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

The patient sustained injuries in xxxx. The Official Disability Guidelines generally 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. Additionally, the submitted records indicate that the patient has previously completed a work hardening program. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program. The patient presents with minimal psychological indications. As such, it is the opinion of the reviewer that the request for CPMP x 80 hours is not recommended as 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)