

C-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/13/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Norco 10/325mg 1 PO q6hrs quantity 120 and Amitriptyline 10 mg 1 PO qHS quantity 30

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

MD, Board Certified Internal 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 Guidelines and Treatment Guidelines

Adverse Determination Letters, 7/13/09, 7/22/09

MD, 12/8/08, 10/30/08, 10/7/08, 8/25/08, 8/24/08, 7/14/08, 6/3/08, 5/27/08, 5/19/08, 4/22/08, 3/4/08, 2/4/08, 1/3/08, 5/12/08, 3/26/09, 1/13/09

MRI of the Cervical Spine, 1/24/08

MRI Lumbar Spine, 1/24/08

MD, 6/25/08

MD, 4/8/08

ESI, 10/28/08, 9/3/08

Preauthorization Request, 7/8/09

PATIENT CLINICAL HISTORY SUMMARY

The patient was injured in a slip and fall in xx/xxxx. Cervical MRI showed degenerative changes and a questionable C6-7 disc extrusion. Lumbar MRI showed degenerative changes. Electrodiagnostic testing showed no evidence of radiculopathy. The patient was treated with ESI, PT, and medications. The most recent physician evaluation indicates ongoing pain with no objective evidence of radiculopathy.

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

The claimant was injured in a slip and fall accident in xx/xxxx. MRIs showed degenerative changes and a possible disc herniation at C6-7, although the records show her mechanism of

injury does not support the development of cervical disc herniation. Based on the records provided, Ms. sustained soft tissue injuries of the neck and low back. The use of opiates and tricyclic anti-depressants are not indicated in the treatment of soft tissue injuries beyond the acute phase. Their use in this patient is not supported by the records provided, nor by the ODG. The reviewer finds that medical necessity does not exist for Norco 10/325mg 1 PO q6hrs quantity 120 and Amitriptyline 10 mg 1 PO qHS quantity 30.

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)