

Core 400 LLC

An Independent Review Organization
209 Finn St
Lakeway, TX 78734
Phone: (530) 554-4970
Fax: (530) 687-8368
Email: manager@core400.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/08/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 Additional Sessions of a Chronic Pain Management Program

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

M.D., Board Certified Orthopedic Surgeon
Diplomat of the American Academy of 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

Adverse Determination Letters, 10/14/09, 10/29/09

MD, 11/13/09, 10/6/09, 9/11/09, 8/28/09, 10/20/09

MD, 9/30/09

Request for CPMP, 10/29/09

Progress Note, 10/8/09

FCE, 9/11/09

Mental Health Evaluation, 8/11/09

Insurance Company Notes, various

Letter from Patient, 11/09

ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This is a female injured on xx/xx/xx. To date, she has participated in ten sessions of a chronic pain program. This request is for an additional ten sessions. The medical records indicate that she has made progress within the program. It is noted that prior to the treatment, the patient would stop functioning and it tended to flare up, but now the patient is more physically active and experiencing fewer flare-ups. The patient no longer ceases physical activity when flared up with pain and is using the strategies learned to decrease the length, severity, and frequency of the above-mentioned flare-ups of pain. The patient's depression has improved with improved mood, greater interaction and pleasure with activities, improved sleep and energy level and improved future orientation. There is

evidence from the record of decreased tension, less irritability, and increased social function and positive interactions. The patient has also been noted to have success with stress reduction and pain control.

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

As far as the reconditioning and functional levels are concerned, the patient had decreased many of the deficiencies. There is reduction of functional deficit on almost all criteria. She has a job available to return to, provided she can meet job requirements. Based upon this reviewer's interpretation of the medical records and the Official Disability Guidelines and Treatment Guidelines, this particular patient does indeed meet the ODG criteria for continued participation in a chronic pain program. It is for this reason that the previous adverse determination has been overturned. The reviewer finds that medical necessity exists for 10 Additional Sessions of a Chronic 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 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)