

# Core 400 LLC

An Independent Review Organization  
240 Commercial Street, Suite D  
Nevada City, CA 95959  
Phone: (530) 554-4970  
Fax: (530) 687-8368  
Email: manager@core400.com

**DATE OF REVIEW:**

May/13/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Chronic Pain Management Program, per hour-20 sessions (160hrs) (97799)

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

MD, Board Certified in Physical Medicine and Rehabilitation  
Board Certified in 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**

ODG Guidelines and Treatment Guidelines  
Determination Letters, 3/27/09, 4/14/09  
Clinic, 4/29/09, 4/6/09, 3/23/09  
Mental Health Evaluation, 3/19/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is a man who twisted his left ankle in a pot hole on xx-xx-xx. He apparently had 2 arthroscopies. He has ongoing pain. His bone scan showed activity in the lateral and medial malleoli, plus the V metatarsal base and the calcaneus with plantar fasciitis. He had a peripheral neuropathy on EMG. The records were not clear if this was injury related or related to his diabetes. His MRI showed a widened mortise and edema to the talar dome. He reportedly shows depression. The patient is on pain medications and medications indicated for diabetic neuropathic pain. "We have recommended that (the patient) undergo chronic pain management program to address the psychological component of his injury." A request for 20 sessions was made.

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

The material provided for this review describe a man with pain. There was little available in the records provided about a functional loss other than the information that he uses a cane. There is no physical description of his ankle in the records, including tender points or restricted motion or abnormal gait patterns. The description of the program requested for this patient touched on the need for therapeutic exercises, but it was not specific for this man's

functional loss (if any) and physical needs. There is much more of an emphasis placed on the psychological aspects of the program. In order to meet the guidelines, a CPMP also must address the claimant's medical needs. The justification for the request is to address the psychological and not the physical issues that were keeping the claimant from working: "We have recommended that (the patient)...undergo chronic pain management program to address the psychological component of his injury."

This request is for 20 sessions. However, the ODG recommends an initial 10-day trial for CPMP. This request does not meet the requirements established in the ODG. The reviewer could not find a justification for a variance to the Guidelines. The reviewer finds that medical necessity does not exist for Chronic Pain Management Program, per hour-20 sessions (160hrs) (97799).

**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)