

C-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/06/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 sessions of chronic pain management program

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

MD, Board-certified in Physical Medicine and Rehabilitation.
Medical Director of Rehabilitation 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

10/29/10, 11/8/10

Rehabilitation Center 10/20/10-10/29/10

Healthcare Systems 7/8/10

2 7/16/10

Evaluation Center 9/28/10

Pain and Wellness Clinic, PA 10/16/08-12/11/08

1/31/07-6/14/10

Radiology Imaging Centers 1/9/09

M.D., P.A. 12/26/08

MD 2/16/07

Official Disability Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This claimant has a date of birth of xx/xx/xx. The claimant was working in xx and the job is detailed as xx. She fell from a bus on xx/xx/xx after her heel was caught on the stair. She fell on her knee, then on her tailbone and hit her head, shoulder and jaw on the xx. She did have physical therapy for her pain. Her diagnosis was facial contusion, cervical strain and trapezius strain. MRI of the TMG showed mild derangement. MRI of the left knee showed chondromalacia but no acute structural pathology attributed to the fall. She has had PT, massage, exercise, stretching, heat/ice and injections. An FCE indicates there is good family support but the patient scored at 45% for depression/anxiety and 34% for perceived disability.

She is working full time. She initially was using Ultram. Her medications are now listed as Crestor and Tricor, which are not medications for control of pain. They are to reduce cholesterol and fatty acids in the blood.

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

Chronic pain programs are recommended where there is access to programs with proven successful outcomes, such as decreased pain and medication use, improved function and return to work and decreased utilization of the health care system. There should be evidence that a complete diagnostic assessment has been made, with a detailed treatment plan of how to address physiologic, psychological and sociologic components that are considered components of the patient's pain.

The patient should show evidence of motivation to improve and return to work and meet the selection criteria. The predictors of failure in a CPP are poor work adjustment and satisfaction, a negative outlook about future employments, high levels of pretreatment depression, pain and disability, increased duration of pre-referral disability time, higher levels of opioid use and elevated pre-treatment levels of pain

It has been nearly 4 years since this patient was injured. Pain programs are recommended for patients whose injuries are not yet 2 years old. There was no acute structural pathology noted after the fall. She was appropriately treated with therapy. She is on appropriate medications to reduce fat. She has poor predictors of success in a chronic pain management program: There is evidence of anxiety and depression and no evidence of psychological treatment. All treatment options should be exhausted before a CPM. She is working full time and not taking medications for the pain. ODG Guidelines have not been satisfied. The reviewer finds that medical necessity does not exist for 10 sessions of 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)**