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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/01/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
10 Days 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
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
Adverse Determination Letters, 10/28/09, 12/4/09
Health 10/21/09, 10/23/09, 11/3/09, 6/12/09, 11/18/09
PPE 10/13/09
D.O. 10/13/09
10/26/09, 12/3/09

PATIENT CLINICAL HISTORY SUMMARY

This man was injured on xx/xx/xx when he developed low back pain while leaning forward. He had back surgery 20 years ago, but information about this was not provided in any detail. He had physical therapy, but remained symptomatic. He was fired from his job when on limited duty. An FCE performed in October 2009 showed him to be at a light PDL when he needed to be at a medium level. He had 6 sessions of psychotherapy that showed a slight improvement in pain, none with his anxiety, but significant improvement with his irritability, tension, depression and forgetfulness. Dr. wrote (10/23/09) that "...the main thing that is keeping from going back to work is the fear factor." He continued "At this point, he does not have a job to return to...His anxiety is not the primary condition, but is definitely a component of it. "

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

Prior reviewers determined this patient was not eligible for a chronic pain program partly because of the comparatively recent onset of the problem. However, the ODG does recommend pain programs for certain well-selected patients that may benefit from early intervention via a multidisciplinary approach. This patient meets 6 out of 7 requirements for someone who may benefit from early intervention. He may in fact meet all 8 requirements, though it is unclear from the records if he has a prior history of delayed recovery. The

reviewer finds that medical necessity exists for 10 Days Chronic Pain Management Program. Chronic pain programs, early intervention Recommended depending on identification of patients that may benefit from early intervention via a multidisciplinary approach, as indicated below. The likelihood of return to work diminishes significantly after approximately 3 months of sick leave. It is now being suggested that there is a place for interdisciplinary programs at a stage in treatment prior to the development of permanent disability, and this may be at a period of no later than 3 to 6 months after a disabling injury. (Robinson, 2004) (Gatchel, 2003) (Jordan, 1998) Some early intervention programs have been referred to as “secondary treatment,” and differ from the more traditional, palliative care pain programs by not only the earlier onset of treatment, but by treatment intensity and level of medical supervision. (Mayer, 2003)

Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach

- (a) The patient’s response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity
- (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis
- (c) There is a previous medical history of delayed recovery
- (d) The patient is not a candidate where surgery or other treatments would clearly be warranted
- (e) Inadequate employer support or evidence of work organizational factors limiting return to work without interventions
- (f) Evidence of psychosocial barriers that make return to work unlikely
- (g) Loss of employment or evidence of partial disability involving ability to perform only “part-time” work or work with “light-duty” restrictions for greater than 4 months. (Mayer, 2003) (Gatchel, 2003) For general information see Chronic pain programs.

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)