

Core 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/13/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management x 10 visits 80 hours

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

MD, Board certified in Physical Medicine and Rehabilitation with expertise in pain management. Medical Director of Rehabilitation.

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
ACOEM Guidelines, Chapter 6, Chronic Pain Chapter, Page 331
Direct, 5/5/10, 5/18/10
Medical Institute 5/18/10
Behavioral & Mental Health 4/29/08
4/28/10, 4/29/10
Evaluation Center 4/29/10
M.D. 4/21/10

PATIENT CLINICAL HISTORY SUMMARY

This worker has a date of birth of xx/xx/xx. He was working construction for LCR contractors. He was lifting insulation on xx/xx/xx and felt a pop in his low back. He has had rehabilitation, ESI and surgery on 8/1/2008. An MRI on 3/12/2008 showed a disc protrusion with L5/S1 nerve root impingement. His current GAF is 50. Prior to injury it was 85. His job requires medium level lifting ability and he is lifting 30 pounds at the light level. He has objective strength deficits in the low back recorded as 3+/5. He has had an evaluation by the medical director of the pain clinic and a psychologic evaluation. He uses Lyrica and Nabumetone.

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

This patient has failed conservative treatments. He continues to have strength deficits and inability to return to work. He has a psychologic component to his pain syndrome. There is a detailed assessment of the patient and plan to address his needs. He meets ODG criteria to

be a candidate for a chronic pain program trial. There is 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. There is evidence that this patient has shown evidence of motivation to improve and return to work. He does not have any predictors of failure. The reviewer finds that there is medical necessity for Chronic Pain Management x 10 visits 80 hours.

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)

Behavioral and Cognitive-Behavioral Treatment for Chronic Pain: Outcome, Predictors of Outcome, and Treatment Process McCracken, Lance M. PhD; Turk, Dennis C. PhD SPINE 15 November 2002 - Volume 27 - Issue 22 - pp 2564-2573 Supplement: Interventional Management of Chronic Benign Spinal Pain Syndromes Results. Overall, BT-CBT for chronic pain reduces patients' pain, distress, and pain behavior, and improves their daily functioning. Differences across studies in sample characteristics, treatment features, and assessment methods seem to produce varied treatment results. Also, some patients benefit more than others. Highly distressed patients who see their pain as an uncontrollable and highly negative life event derive less benefit than other patients. Decreased negative emotional responses to pain, decreased perceptions of disability, and increased orientation toward self-management during the course of treatment predict favorable treatment outcome.