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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 sessions of an interdisciplinary chronic pain rehabilitation 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 and 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

PATIENT CLINICAL HISTORY SUMMARY

This is a man who injured his neck and back with a fall on xx/xx/xx. He developed knee, neck and back pain. A summary of the history and diagnostic studies was provided. He was initially found to have contusions. The xrays reportedly showed cervical osteophytes and lumbar narrowing right after the injury. The left knee had some medial compartment narrowing. There were ultrasound studies of the cervical and lumbar spine that reportedly showed inflammation of the joints. (These studies are not accepted as valid by the American Institute of Ultrasound in Medicine.) MRIs of the cervical and lumbar spine showed an L5/S1 disc protrusion and C5/6 degeneration. He had electrodiagnostic studies that showed an axonal neuropathy at the ankle, and bilateral CTS. He had only a few days of relief with ESIs. He was incarcerated from 7/07-10/07 and 1/08-1/09. He had a prior history of cocaine abuse, but there is no current medication abuse. He is on hydrocodone. The psychological studies show severe dysfunctional depression, moderate anxiety, high fear of reinjury, with minimal confidence. He hopes to resume a prior job in construction, which is a heavy PDL. He was apparently a loading dock worker at the time of injury. The FCE in 4/10 showed him to be at a sedentary functional level. He had some counseling in 10/09.

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

The diagnostic studies suggest pre-existing degenerative changes in the spine. As noted, AIUM does not recognize the value of spinal ultrasounds in adults. This man has significant psychological issues present, but reportedly none existed before the injury. He had a prior

drug problem, but has been clean for 8 years. He is not showing current evidence of drug abuse. The patient attends AA.

There are both social and psychological issues present. There is a goal of returning to construction work. It has been nearly 4 years since the injury. The records state he is separated from his wife and children. He has "inadequate finances." Dr. has addressed these concerns in an appeal letter. The claimant is not a surgical candidate. There is apparently no other treatment program to offer. He is on controlled substances. He had prior substance abuse issues. A pain program may be the optimal means of treatment to wean him from medication at this juncture. ODG Criteria 7 addresses cases such as this directly: ***"In questionable cases, an opportunity for a brief treatment trial may improve assessment of patient motivation and/or willingness to decrease habituating medications."*** This patient satisfies the ODG criteria for admission to a pain program. The reviewer finds that medical necessity does exist for 10 sessions of an interdisciplinary chronic pain rehabilitation 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)