

# Core 400 LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jun/28/2010

**IRO CASE #:**

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

97799 Chronic Pain Management Program x 10 Days Total of 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

**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-TWC Treatment Guidelines, Pain Chapter

Denial Letters, 4/6/10, 5/3/10

Healthcare System 5/8/09, 6/10/09, 3/12/10, 7/22/09, 6/10/09

**PATIENT CLINICAL HISTORY SUMMARY**

This patient fell from a ladder on xx/xx/xxxx hitting her head. She has complained of back pain since that time. She has an L3/4 disc protrusion and DDD at L4/5 L5/S1. She worked for 6.5 years (before the fall). She did return to modified duty and then left her job. Her job requires medium level work and she is at a sedentary level. With therapy her pain decreased from 7/10 to 3/10. She has been treated with PT, had an ortho referral, had individual psych and made progress, has had medication management and injections. She uses Tizandidine, celebex, norvasc, effexor and Wellbutrin. She is 4'11" and 167 pounds.

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

Chronic pain programs are recommended when there is access to programs with proven successful outcomes such as decreased pain and medication use. However, this patient has already had improved function with psychologic treatment and PT. She is capable of sedentary work and did return to modified duty. It is not clear why

she left the position. This patient has already shown improvement with a lower form of care – psychologic treatment. She has a history of depression and takes two antidepressants. It is not clear that there is motivation to improve and return to work as she did return and left. The criteria for admission to a chronic pain program have not been satisfied according to the records reviewed. The reviewer finds that there is no medical necessity for 97799 Chronic Pain Management Program x 10 Days Total of 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)