

# C-IRO Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** May/26/2010

**IRO CASE #:**

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

Pain Management 5xDay x 2Wks (40 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

**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**

Notifications of Determination, 4/13/10, 4/27/10  
Clinic 5/7/10, 4/19/10, 4/7/10  
M.Ed. 3/30/10  
Functional Testing 3/30/10  
M.D. 4/9/09 to 12/2/09  
Dr. 1/27/09, 3/31/09, 3/26/09, 3/24/09, 3/19/09, 3/10/09, 3/3/10,  
2/19/10, 2/17/09, 2/12/09, 2/10/09  
M.D. 1/29/09, 2/2/09, 6/27/09, 6/11/09, 5/14/09, 4/16/09  
Injury Clinic 2/4/09, 1/21/09, 5/26/09, 5/5/09  
ONET no date  
1/21/09, 1/20/09  
M.D. 6/9/09  
FCE 4/8/09  
Imaging Center 4/1/09

**PATIENT CLINICAL HISTORY SUMMARY**

This man was working for one week at his job when he reported an unwitnessed slip and fall. He reported cervical, lumbar, shoulder and wrist pain. He has a negative MRI of the wrist. MRI of the lumbar spine shows multiple disc protrusions consistent with degeneration. He has had PT with some help. He has 60 degrees lumbar flexion. He has used Darvocet for pain. He is also using Seroquel and has bipolar disorder. His psychological evaluation indicates he is in the high dysfunctional range with 103/105. He has anxiety and depression.

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

The predictors of failure in a pain management program are poor work adjustment and satisfaction, a negative outlook about future employment, 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. This patient has several of these negative predictors, and does not meet the ODG selection criteria for entry to a Chronic Pain Management Program. His pain and perception of his disability are very high. His motivation to return to work is not established. Based on the information provided, the reviewer finds that medical necessity does not exist for Pain Management 5xDay x 2Wks (40 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)