

Core 400 LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/29/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management 80 Hours (Five Additional Sessions)

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

MD, Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine

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, 3/23/10, 4/5/10
4/12/10, 3/15/10, 3/30/10
Treatment Clinic 3/12/10, 3/2/10, 2/4/10, 8/25/09, 1/7/10

PATIENT CLINICAL HISTORY SUMMARY

This is a -year-old man reportedly injured on x/xx/xx with back pain. He had a disc herniation at L5/S1 without root compression. He entered a pain program. The initial 10 sessions were approved. He was at a light PDL and received first 10 and then additional 5 sessions of pain treatment. His initial BDI was 16, and fell to 9. His BAI was 8 and is now 0, his pain came from an 8 to a 3. He is using pain medications as a prn basis. I did not see his current functional (PDL) level. The remaining 5 sessions are planned to transition to the workforce concentrating on coping skills and cognitive skills to further reduce pain and depression.

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

The records demonstrate this patient has progressed with the 15 sessions to date. The scores show much lower residual pain and depression. There have been both subjective and objective gains. The ODG recommends a 20-session limit of CPMP and the patient has not exceeded this, and the five additional days requested would not bring the total sessions to

over 20. The records make a strong case that this patient has potential to improve further and thereby regain employability. The reviewer finds that medical necessity does exist for Chronic Pain Management 80 Hours (Five Additional Sessions).

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)