

# Core 400 LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/30/2010

**IRO CASE #:**

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

80 Hours of Chronic Pain Management 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  
Board Certified in Pain Management  
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, 3/31/10, 3/5/10  
Transcript of Peer to Peer Conversation (undated)  
Pain Management 2/26/10, 3/26/10, 2/22/10, 4/19/10  
D.C. 1/5/10, 11/16/09, 2/24/10  
D.O. 3/25/10, 2/25/10  
4/1/10, 3/4/10  
M.D. 8/11/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is a -year-old man injured on xx/xx/xx. He had back pain and pain in the legs. The MRI done on 1/5/09 demonstrated a large disc herniation at L5/S1 with compression of the right S1 root. There were disc smaller bulges in the interspaces from T1 to L5. An EMG reportedly was abnormal with evidence of the L5/S1 paraspinal abnormalities and left H reflex and peroneal F wave abnormalities and reportedly interpreted as showing a bilateral L5/S1 radiculopathy. He did not get any benefit from an ESI. He was set for surgery, but his diabetes posed a concern. He was having psychological issues, but made gains with 6 sessions of therapy. noted that the man was approved for a 30 day pain program, but the

program was stopped at 20 days. During this time, the man improved in his strength, reduced pain levels, improved with his BAI, BDI and Oswestry scores. He used fewer narcotics. He still has elevations in these scores and medications. His functional level improved with the therapies, but he is not yet at the Heavy PDL needed for his job. has also written that the patient would benefit from the last 10 sessions.

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

The ODG recommends 10 chronic pain management sessions with an additional 10 sessions when progress is documented. The ODG only recommends additional sessions with specific goals. The ODG states: "Treatment duration in excess of 160 hours requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans explaining why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed)."

has noted that that this patient is improving, and fears that he will have ongoing narcotic use if the program is not continued. has stated that the only way this man would be able to be off opiates was to continue the program. The ODG recognizes the need for ongoing care for opiate addiction issues. The guidelines support additional supportive care.

has provided the specific goals of reaching the Heavy PDL for work. He has also cited the improved psychological scores, with a specific goal of improving further and further reducing the patient's opiate use. The Texas Medical Board Rules, Chapter 170 addresses opiate use in chronic pain and encourages the use of alternatives to reduce opiate use. The ODG criteria for continuation of the CPMP for this patient have been satisfied based on the evidence provided. In this case, the providing doctor has provided objective and reasonably achievable goals. The ODG states that "The publications are guidelines, not inflexible prescriptions and they should not be used as sole evidence for an absolute standard of care. Guidelines can assist clinicians in making decisions for specific conditions...but they cannot take into account the uniqueness of each patient's clinical circumstances."

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be overturned. The reviewer finds that medical necessity exists for 80 Hours of Chronic Pain Management 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)