

C-IRO Inc.

An Independent Review Organization
7301 RANCH RD 620 N, STE 155-199A

Austin, TX 78726

Phone: (512) 772-4390

Fax: (512) 519-7098

Email: resolutions.manager@ciro-site.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/08/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management 5xWk x 2Wks 97799 80hrs

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

OFFICIAL DISABILITY GUIDELINES, PAIN CHAPTER,
7/7/10, 8/2/10

Action Care 6/28/10, 6/16/10, 7/19/10

Initial Functional Evaluation 6/21/10

PATIENT CLINICAL HISTORY SUMMARY

This claimant was working when she slipped and fell on a wet floor on xx/xx/xx. She fell onto her shoulder. She complains of neck, right shoulder and low back pain. She had a right shoulder arthroscopy on 4/30/2009. She has had 36 PT visits. She has had 6 mental health visits. She had a psychological evaluation -- GAF is 54, BDI is 24 and BAI is 21. She has had multiple modalities and exercise therapy. She has elevated cholesterol and diabetes. She uses Darvocet, Motrin and Zoloft.

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

Chronic pain programs are recommended where there is access to programs with proven successful outcomes, such as decreased pain and medication use, improved function and return to work and decreased utilization of the health care system. There should be evidence that a complete diagnostic assessment has been made, with a detailed treatment plan of how to address physiologic, psychological and sociologic components that are considered components of the patient's pain. The patient should show evidence of motivation to improve and return to work and meet the selection criteria. The predictors of failure in a CPP are poor work adjustment and satisfaction, a negative outlook about future employments, 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.

In this case, there is an increased duration of pre-referral disability time -- a predictor of failure according to ODG. There is no evidence provided that this claimant has responded to psychologic and physical methods of treatment. There is no evidence of a physiologic reason for her continued pain. The notes indicate she is "deconditioned." However, there is no evidence provided that exercise therapy would allow improvement in her deconditioned state. There is no detailed functional assessment of her abilities. For all of these reasons, this patient does not fulfill the ODG criteria for the general use of multidisciplinary pain management programs. The reviewer finds that medical necessity does not exist at this time for Chronic Pain Management 5xWk x 2Wks 97799 80hrs.

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)