

# 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:** Mar/25/2011

**IRO CASE #:**

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

80 hours (10 sessions) of Chronic Pain Management

**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**

Clinic 2/9/11, 2/24/11

ODG Treatment Guidelines

Clinic 4/6/10-2/9/11

Clinic 1/28/10-1/26/11

Clinic 9/15/10-1/5/11

Hospital 5/25/10

BHI 2 12/9/10

Clinic 5/26/10

Clinic 9/30/09

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a XX year-old, XXX-pound female who was working on XX/XX/XXXX when boxes fell on her knee. She complained of back pain and knee pain and there was a diagnosis of lumbar radiculopathy. The back pain and radicular symptoms resolved. She has treatments of ESI, right saphenous nerve injection and 3 surgical procedures to the knee. In October of 2000 she had a right knee arthroscopy with partial meniscectomy. In May of 2010 she had right knee arthroplasty. In September of 2010 she had a saphenous nerve block. A 1/26/2011 note from Dr. indicates she completed PT with great results. She did have psychotherapy and there was improvement in depression and anxiety. She was started on psychiatric medications and there is no report of effectiveness. Her other medications include norco, lidoderm patches and mobic. An MRI on 9/30/2009 shows knee osteoarthritis and chondrosis. And FCE indicates she is functioning at a sedentary level. There is no documentation that she has attempted to return to a job that fits her current ability. Her last job required some lifting at a medium level. She does express pain behaviors according to the FCE.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS**

**AND CONCLUSIONS USED TO SUPPORT THE DECISION**

This patient does not meet the ODG selection criteria for a chronic pain program. There is increased pre-referral disability time. Her injury was in XXXX. The notes indicated she did improve with lesser intensive care such as physical therapy and psychotherapy. There is no documentation of medication use or improvement with psychiatric medications. There is no evidence of motivation to return to some type of employment. Although she is at a sedentary level, there has been no active pursuit of employment documented in the notes. The reviewer finds there is no medical necessity at this time for 80 hours (10 sessions) of Chronic Pain Management.

**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)