

Core 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/25/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

97799 Chronic Pain Management - 5 days a week for 3-4 weeks

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

M.D., Board Certified Orthopedic Surgeon

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 – Treatment for Workers' Comp, Chapter: Pain
Records of Dr. 03/21/05, 12/06/05, 01/27/06, 03/07/06, 04/06/06, 06/14/06, 08/15/06,
10/24/06, 04/20/07, 12/18/07, 04/17/08, 05/16/08, 09/19/08, 05/29/09, 12/09/09, 05/28/10,
10/15/10
Records of Dr. 12/07/06, 03/07/07
12/10/07 lumbar Myelogram and CT report
Records, 06/14/10, 09/13/10, 09/17/10, 11/08/10, 11/16/10, 02/03/11
08/03/10, 10/04/10, 01/21/11, FCE
02/16/11, 02/24/11 peer reviews

PATIENT CLINICAL HISTORY SUMMARY

This is a XX-year-old male who was status post four lumbar surgeries including a L5-S1 posterior lumbar fusion in 20XX. The claimant last worked in 20XX. Dr. has followed the claimant for several years providing medication, injections and off work. The claimant has undergone 96 hours of a chronic pain management program with reduction in pain and decrease in medication usage. The claimant has had two functional capacities examinations with the 01/12/11 indicating improvement to a sedentary to light level physical demand.

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

The requested 97799 Chronic Pain Management - 5 days a week for 3-4 weeks is not medically necessary. This claimant has already received 96 hours of program intervention. The request would appear to include an additional 160 hours if the claimant received care five days a week for four weeks. The guidelines allow total treatment duration of only up to 160 hours total unless there is a clear rationale for the specified extension and reasonable goals are outlined. The individualized care plans would require an explanation of why improvements cannot be achieved without an extension and evidence of documented

improved outcomes. Accordingly, the request would exceed typical allowances and cannot be justified based on the information provided. The reviewer finds no medical necessity for 97799 Chronic Pain Management - 5 days a week for 3-4 weeks.

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)