C-IRO Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/22/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Additional 80 hours of a daily chronic pain management program

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified Physical Medicine and Rehabilitation

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG Pain Chapter
Behavioral evaluation report dated 02/11/11
Work capacity evaluation dated 02/18/11
Progress summary dated 04/01/11
Request for 10-day treatment extension dated 06/09/11
Utilization review denial for additional 80 hours of daily chronic pain management program dated 06/15/11
Request for reconsideration dated 06/27/11
Utilization review reconsideration appeal 80 hours of daily chronic pain management program dated 07/05/11
Letter of medical necessity Dr. dated 08/11/11

PATIENT CLINICAL HISTORY SUMMARY
The patient is a male whose date of injury is xx/xx/xx. He was struck on the left side of his head by a six foot wide steel plate. He was treated with physical therapy, oral analgesics and medical supportive care. He participated in 10 sessions of a chronic pain management program. He was recommended to participate in 10 additional days of chronic pain management program. The URA denial of 06/15/11 stated that there had not been a significant decrease in pain symptoms since commencement of the program. The patient was employed as a construction worker. A functional capacity evaluation dated 02/18/11 revealed ability to perform sedentary light work activities. A physician's assessment dated 06/02/11 did not document the presence of a focal neurologic deficit on physical examination. It was determined that medical necessity for this specific request was not established. Previous attempts at treatment in a comprehensive pain management program have not resulted in a marked decrease in pain symptoms. The URA denial of 07/05/11 determined the requested treatment did not meet medical necessity guidelines. Peer to peer discussion

took place. The patient was able to perform at a light medium physical demand level. Post DDRME documentation was quite clear that the claimant has no treatable pathology of occupation etiology. The current CPMP provider failed to address any issues relating to the claimant's current presentation. There has not been a comprehensive psychological evaluation that addressed the presence of somatization disorders, a red flag for poor program outcomes. Also it was noted that 10 sessions of CPMP have already been completed with no evidence of an adequate clinically relevant positive response to the program. There was no evidence of psychological clinical improvement looking at BDI and BAI scores after completing 10 prior CPMP sessions.

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

This patient sustained an injury when he was struck on the left side of the head by a metal plate. He has completed 10 sessions of a chronic pain management program. The documentation presented did not demonstrate clinically significant improvement in response to treatment with no evidence of significant reduction in pain levels. There also was no demonstration of significant improvement in Beck depression inventory score and Beck anxiety inventory score. As such, the ODG guidelines have not been satisfied for continuation of the chronic pain program. The reviewer finds there is no medical necessity for Additional 80 hours of a daily chronic pain management program. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)