

Core 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: August 3, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management x 10 days initial trial (97799)

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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines

Utilization review determination 06/15/11 regarding non-certification 10 days chronic pain program

Utilization review determination 7/5/11 regarding non-certification appeal request 10 days chronic pain program

Treatment Center, 5/5/11, 4/22/11, 4/6/11, 6/9/11

Chronic pain management program pre-authorization request and supporting documents including functional capacity evaluation and psychological testing, 6/9/11

Reconsideration request chronic pain management program and supporting documentation, 6/24/11

History and physical Dr. 06/01/11

DO, undated

Prescription, 3/30/11

D.C., 5/6/11

FCE, 5/5/11/Report Dated 5/6/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a female whose date of injury is xx/xx/xx. Records indicate she was working at a and fell injuring her right knee. It appears the injured employee has been treated with medications (Flexeril and Mobic), and approximately one month of physical therapy. Psychological testing performed 04/22/11 reported BDI score of 24 indicative of moderate depression and BAI score of 25 indicative of moderate anxiety. The injured worker was recommended to undergo a chronic pain management program.

Per utilization review determination dated 06/15/11 the request for chronic pain management times 10-day initial trial was not recommended as medically necessary. The submitted

records failed to establish that the injured employee had exhausted lower levels of care and is an appropriate candidate for a tertiary level program. MMPI validity scores raised concerns about possible over reporting and the injured employee passed only 76% validity criteria on functional capacity evaluation. The injured employee's date of injury was greater than three years old and ODG does not recommend chronic pain management programs for patients whose date of injury is greater than 24 months old. After peer to peer discussion a course of individual psychotherapy may be appropriate as psychological issues seem to be a significant barrier for this injured employee.

A utilization review determination dated 07/05/11 upheld previous denial regarding non-certification 10 days of chronic pain program. There was limited documentation provided regarding all lower levels of care. The injured employee had completed one month of physical therapy, but no serial physical therapy notes were provided for review documenting the modalities performed and the injured employee's response to treatment. There was not documentation regarding individual psychotherapy or psychotropic medications. Current evidence based guidelines recommend patients be refractory to all lower levels of care before being considered for tertiary treatment. As such medical necessity could not be established at this time.

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

This injured employee is noted to have sustained an injury to the right knee secondary to a fall on xx/xx/xx. The documentation reflects the injured employee has had only one month of physical therapy and medications for this injury that occurred over three years ago. There is evidence of moderate levels of depression and anxiety, but the injured employee has not received lower levels of care such as individual psychotherapy and/or psychotropic medications. It was noted on previous review that MMPI validity scores raised concerns about possible over reporting. Lower levels of care have not been exhausted. Per ODG guidelines, previous methods of treating chronic pain should have been unsuccessful and there should be an absence of other options likely to result in significant clinical improvement. The data presented does not meet this standard. Moreover the guidelines further reflect that patients who have been continuously disabled for greater than 24 months are unlikely to return to work or that chronic pain programs provide return to work beyond this period. The reviewer find there is not medical necessity at this time for Chronic Pain Management x 10 days initial trial (97799).

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)