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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/02/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Multidisciplinary Outpatient Chronic Pain Management Program x10 Days CPT 97799

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

M.D., Board Certified Anesthesiology/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 and Treatment Guidelines
Utilization review determinations dated 10/10/11, 11/04/11
Response to denial letter dated 10/27/11
Chronic pain management program patient treatment goals & objectives 10/31/11, 09/31/11
Initial diagnostic update and mental health testing dated 08/31/11
Functional capacity evaluation dated 03/03/11
CPMP individualized daily treatment plan dated 09/31/11
Follow up note dated 04/21/11, 05/23/11, 02/16/11, 02/11/10, 01/28/10, 01/14/10
RME dated 08/24/09
Peer review dated 07/18/11
Initial diagnostic update dated 07/05/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. He was wetting down concrete when the drum slipped, and the patient fell landing on his right shoulder. He has been treated with activity modification, medication management, chiropractic treatment, diagnostic testing, rotator cuff surgery x 2 (06/26/07 and 06/22/08) and at least 30 injections. RME dated 08/24/11 indicates that ongoing treatment "absolutely is not" reasonable and medically necessary and that the patient has had a "horrendous amount of inappropriate injections". Initial diagnostic update dated 07/05/10 indicates that BDI is 13 and BAI is 22. Functional capacity evaluation dated 03/03/11 indicates that required PDL is medium and current PDL is sedentary. Peer review dated 07/18/11 indicates that the patient has been in a horrendous amount of chiropractic treatment and was "taking a horrendous inappropriate amount of pain medicine doctors". Future treatment is recommended to include a home pulley, home exercise program and myofascial release. Mental health update dated 08/31/11 indicates

that medication is Hydrocodone 10 mg 1 tablet 3 times a day. BDI is 13 and BAI is 22. Diagnoses are pain disorder and adjustment disorder with depressed mood. The patient is noted to have completed 11 sessions of individual psychotherapy.

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

This patient's date of injury is nearly 5 years old. The Official Disability Guidelines do not recommend chronic pain management programs for patients whose date of injury is greater than 24 months old as there is conflicting evidence that these programs provide return to work beyond this period. The patient failed to present for a required medical examination, which does indicate noncompliance with treatment recommendations. The reviewer finds there is not a medical necessity for Multidisciplinary Outpatient Chronic Pain Management Program x10 Days CPT 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)