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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: December/09/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program x 80 hours

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

M.D., Board Certified Physical Medicine & 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 and Treatment Guidelines - Pain

IMO 10/04/11, 11/04/11

Designated doctor evaluation 04/25/11

Notice of denial of compensability / liability and refusal to pay benefits 03/11/11

Request for reconsideration 10/27/11

Preauthorization request 10/18/11

Behavioral evaluation report 10/13/11

Work capacity evaluation 10/13/11

Chiropractic / physical therapy daily progress notes 03/21/11-06/03/11

Office notes Dr. 07/28/11, 07/07/11, and 05/19/11

MRI lumbar spine 04/07/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a man who was injured on xx/xx/xx while lifting heavy trash bags and injured his right lumbar region. He was diagnosed with lumbar strain and lumbar radiculopathy. He was treated with physical therapy and medications (Naproxen and Skelaxin). MRI of lumbar spine dated 04/07/11 revealed mild levo convexity centered at L3-4; loss of disc signal at all lumbar levels; 3 mm far right lateral disc protrusion L3-4; L4-5 and L5-S1 showed moderate bulbous arthropathic facet joint changes and thickened ligamentum flavum; L5-S1 showed far right lateral protrusion. According to a preauthorization request dated 10/18/11, the patient has been treated with medications, therapy, physical rehabilitation, injection therapy, and carpal tunnel release surgery. Behavioral health evaluation report dated 10/13/11 reported BDI-II score of 21 (moderate range for depression) and BAI score of 36 (severe range for anxiety). Work capacity evaluation reported the patient currently is performing at sedentary – light physical demand level, and his job requires heavy physical demand level. The patient was recommended to undergo chronic pain management program.

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

This sustained a lifting injury to low back on xx/xx/xx. He has been treated with medications and physical therapy. Previous request for epidural steroid injections was denied, but the patient subsequently prevailed at CCH, and the compensable injury was determined to include disc herniation at L4-5 and L5-S1 and lumbar spine radiculopathy. It appears the patient is still a candidate for active treatment including epidural steroid injections and possible surgical intervention. Also, the patient has had no lower levels of care to include individual psychotherapy and / or psychotropic medications to address his elevated levels of depression and anxiety. There is also evidence of symptom magnification as designated doctor evaluation revealed 5/8 positive Waddell's signs; however, there is no indication that the patient has undergone psychometric testing with validity measures such as MMPI. For these reasons, the reviewer finds there is not a medical necessity at this time for Chronic Pain Management Program x 80 hours.

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)