

C-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/30/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic Pain Management Program 80 hours (10 sessions)

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

MD, Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine

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

12/13/10, 1/6/10
M.D. 11/22/10 to 12/28/10
9/1/10 to 11/10/10
Healthcare & Rehabilitation 12/28/09 to 12/7/10
Medical Services 10/18/10
Medical Center 4/15/10
Orthopaedic Surgery 8/23/10
Office Visit Notes 10/19/10 to 1/4/11
Clinical Observations/Comments 11/19/10
County Chiropractic & Rehab 9/9/10 to 11/17/10
Progress Note 8/23/10
Official Disability Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This is man injured on xx/xx/xx when a pipe fell on him causing him to fall and lose consciousness. He apparently fell on his left shoulder. It is unclear if the pipe also landed on the left shoulder. He was found to have at least a partial rotator cuff tear of the supraspinatus with tendinosis. He had surgery on June 25, 2010. This was followed by reportedly 24 therapy sessions with persistent left shoulder pain, reduced motion, and, as Dr. described, localized tenderness with spasms and guarded motion in the cervical, thoracic and lumbar spine (11/22/10). He had FCEs on 9/1/10, 10/6/10 and 11/10/10. He improved from a sub-sedentary level to a medium to sedentary PDL. His job required at least a medium PDL. Dr. referred him to a pain program. Dr. advised work conditioning. The psychological assessment provided was done on 11/3/10. It described ongoing depression (BDI 28), anxiety (BAI 26),

and high fear avoidance with perceived disability. He had lowered coping skills. The report included the comment "He currently does not believe that he can return to work in a physically demanding job." Vocational retraining is considered in a DARs referral.

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

The patient has chronic pain. The goals cited in his assessment were to teach him not only coping skills, but try to focus him away from the fixation on the shoulder pain. He has persistent shoulder pain. He is a laborer and may remain doing so. There do not appear to be any other treatment options remaining besides the pain program. It did not look as if he has his prior job to return to and it appears that he was not about to gain the function for that job. This may require him to learn to perform another job using those skills listed in the treatment goals. While Dr. challenged the thoroughness of the psychological assessment, he did not find any contraindications to the treatment. This man is nearly at the 2 year critical cut off for chronic pain treatment. The reviewer finds that medical necessity exists for Chronic Pain Management Program 80 hours (10 sessions).

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)