

# C-IRO Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Feb/14/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Chronic Pain Management Program x 80 hours (8hrs/day x 10 days) 97799

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

MD, Board Certified in 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**

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a xx year-old male. Records indicate the injured employee was about 3 feet high on ladder when he lost his balance and fell straight back. Surgical history is significant for 360 fusion L3-4 in 2001, complete laminectomy L3-4, foraminotomy, exploration of lumbar fusion and removal of pedicle screws and bone graft 06/12/02. Postoperatively the claimant continued to complain of low back with radiating pain from back to right leg. The injured employee was referred for behavioral medicine evaluation on 06/28/10. This evaluation noted the injured employee to be experiencing significant psychological distress manifested by symptoms of anxiety, depression, fear and avoidance of activity, self perception of disability, and preoccupation with persistent debilitating pain.

The injured employee was recommended to undergo individual psychotherapy to increase appropriate skills for coping with emotional distress, persistent pain, stress and self perception of disability. The injured employee subsequently participated in individual psychotherapy and physical therapy. A behavior medicine evaluation on 11/04/10 reported that despite previous treatment the injured employee continued to suffer from symptoms of depression, anxiety, fear and avoidance of activity, self perception of disability, and preoccupation with persistent debilitating pain. The injured employee appeared to have benefited from individual psychotherapy as evidenced by initial acquisition of basic pain coping skills such as self relaxation and reduced levels of anxiety, but does not perceive himself as having stamina to return to full duty work despite desire to do so. The injured employee was recommended to participate in interdisciplinary pain management program.

A preauthorization request for chronic pain management program x 80 hours was non-certified on 11/22/10. Dr. noted he discussed the case with the requesting provider and determined at the present time for the described medical situation the reference guidelines would not support this request as one of medical necessity. It was noted the injury is over xx years in age, and the length of time the claimant is removed from the date of injury will be

considered a negative predictor for benefit from such extensive program. Dr. recommended adverse determination.

A reconsideration / appeal review on 12/17/10 upheld the original non-certification determination. Dr. cited several deficiencies in initial request for services. The additional documentation provided in the appeal's correspondence did not adequately address these deficiencies and did not impact the prior recommendation for non-authorization. Dr. noted there was no adequate and thorough multidisciplinary evaluation to determine appropriateness of request. There was no current physical examination that rules out conditions that require treatment prior to initiating the program. All diagnostic procedures necessary to rule out treatable pathology including imaging studies and invasive injections used for diagnostic purposes should be completed prior to consideration the patient to be candidate for chronic pain program. The exception being diagnostic procedures repeatedly requested and not authorized. Dr. again noted the injury is over xx years old, and thus the etiology and maintenance of patient's pain complaints have not been adequately assessed. The request was noted to be inconsistent with requirement that "if program as planned for patient that has been continuously disabled for greater than 24 months, the outcome for necessity of use should be clearly identified, as there is conflicting evidence that chronic pain programs provide return to work beyond this period." It was noted the duration of this injury which is negative predictor of success was not adequately addressed in evaluation as required by current evidence based guidelines. Dr. noted the guidelines recommend adequate and thorough multidisciplinary evaluation and provide reasonable manifest explanation of etiology and maintenance of the patient's clinical problems, and establish role of psychological factors in maintenance and exacerbation of pain by interdisciplinary team providing requested treatment before necessity can be determined.

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

The injured employee is noted to have sustained an injury to the low back over xx years ago.

He is status post two-stage 360 fusion/decompression at L3-4 in 9/01 with subsequent revision surgery done in 6/02. The injured employee continued to complain of severe low back pain radiating to the right leg. He was referred to individual psychotherapy and reportedly benefitted from therapy as evidenced by initial acquisition of basic pain coping skills such as self relaxation and reduced levels of anxiety. Behavioral medicine evaluation on 11/4/10 reported the injured employee's scores on depression and anxiety inventories were in the mild range.

The records indicate that one of the goals of the proposed pain management program is to accomplish narcotic extinction; however, weaning from medications does not require a multidisciplinary pain management program. Also, as noted on previous reviews, the age of this injury of greater than xx years is a negative predictor for success of treatment. There is little likelihood of success for return to work for patients who have been out of work for greater than 24 months. Accordingly, medical necessity has not been established. Based on the clinical information provided, the request for Chronic Pain Management Program x 80 hours (8hrs/day x 10 days) 97799 is not medically necessary.

**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)**