

Core 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/24/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
80 additional hours of pain management program

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

Official Disability Guidelines
10/27/10, 11/24/10
Clinic 7/25/08 to 1/12/11
, MD 3/26/10 to 10/22/10
MD 4/1/09 to 1/21/10
Imaging 4/1/09
MD 4/3/09 to 12/21/09
Pain Institute 4/7/09 to 9/23/10
4/22/09 to 7/15/09
R.N. 8/4/09
Health Systems 6/24/10

PATIENT CLINICAL HISTORY SUMMARY

This claimant was working on xx/xx/xx and carrying a cabinet up the stairs and twisted his back. He reported the back pain to. He then sought treatment from a chiropractor, Dr. on 9/30/2008. He was diagnosed with a lumbar strain and lumbar radiculopathy. He received manual therapy and modalities. He had an MRI on 10/2008 that showed multi-level degenerative changes and 6 mm disc protrusion at L5/S1 with L5 nerve impingement. He has spondylolisthesis and foraminal stenosis. He was referred to a surgeon but he was unable to stop smoking and the surgeon would not perform surgery. He was seen by Dr. and placed at MMI on 11/17/2009 and capable of light duty work. He was not to climb ladders or lift greater than 10 pounds. He was referred to a Chronic Pain Management Program. He had pain of 7/10 at the start of the program with a BDI of 19 and BAI of 39. After 2 weeks of

the program he has a BDI of 16, BAI of 25 and pain is 8/10. He tolerance for sit to stand has improved. He was released from the pain program to seek work and was not able to find work. FCE indicates he is capable of light duty work.

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

This claimant does not meet the ODG criteria for continuation in a chronic pain program. He has been placed at MMI as of 11/17/2009. He was cleared for light duty work. Current FCE shows he is capable of light duty. He is a man with multi level degenerative changes of the spine and a large disc protrusion impinging on a nerve. He was not able to stop smoking, which is associated with low back pain. He continues to function at a light duty level and records suggest this is the level to which he will return to a job if he chooses to find work. The medical necessity for continuation of the program has not been established and does not conform to the evidence-based criteria. The reviewer finds no medical necessity for 80 additional hours of pain management program.

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)