

C-IRO Inc.

An Independent Review Organization
1108 Lavaca, Suite 110-485
Austin, TX 78701
Phone: (512) 772-4390
Fax: (512) 519-7098
Email: resolutions.manager@ciro-site.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: July 18, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours of chronic pain management

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

MD, Board Certified Orthopedic Surgeon

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

Peer Review 06/14/11, 06/24/11

MRI right elbow 06/21/10

EMG/ NCS 02/08/11

Physical Therapy record 02/09/11

Dr, OV 11/09/10

Dr. OV 01/10/11, 05/03/11,

Dr. OV 02/09/11, 03/07/11, 04/29/11,

Functional Capacity Evaluation 05/12/11

Mental Health OV 05/13/11, 06/06/11

Appeal letter 06/15/11

ODG, Pain Chapter

PATIENT CLINICAL HISTORY SUMMARY

This is a female who reported a pulling and pain in the right shoulder and elbow on xx/xx/xx after moving a couch. Diagnoses included right radial tunnel syndrome and right shoulder rotator cuff syndrome. The claimant continued to report persistent right elbow pain with limited mobility. Examination findings were consistent with right radial tunnel syndrome. An injection helped with almost complete relief of pain for about one week. The claimant also treated with twelve physical therapy sessions and was given a home exercise program, medications and was off work. An EMG/ NCS of the upper extremities was reportedly normal and a MRI of the right elbow performed in June 2010 showed a small subchondral erosion but otherwise normal findings. Surgery in the form of a right radial tunnel release was recommended but denied. A functional capacity examination dated 05/12/11 noted the claimant at a medium work classification and recommended a chronic pain management program. The claimant then completed six sessions of individual counseling sessions to address pain with associated symptoms of depression. An appeal letter of 06/15/11 noted

the claimant with chronic severe right elbow pain and psychological factors. Eighty hours of chronic pain management program were recommended.

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

The records suggest the patient has a potentially treatable diagnosis. The records suggest that this patient has radial tunnel syndrome that reportedly responded favorably to a prior injection. Specifically, the patient was noted to have 80% pain relief for a week following an injection. The patient has physical exam findings of a positive radial compression test. It appears that prior surgery was denied. It is unclear if the surgery was denied on the basis of electrodiagnostic studies or MRI findings. However, the diagnosis of radial tunnel syndrome is generally a clinical diagnosis based on exam and confirmed by a favorable response to an injection. Most commonly, radial tunnel syndrome is not evidenced on electrodiagnostic studies. It would also not be expected to have findings on an MRI. To pursue a chronic pain management program for a treatable problem would run counter to the Official Disability Guidelines. Outpatient pain rehabilitation programs may be considered medically necessary when all of the criteria are met, including: (3) Previous methods of treating the chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. For this reason, the reviewer finds no medical necessity at this time for 80 hours of chronic pain management.

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates, : Pain. Chronic pain programs (functional restoration programs)

Recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below

Criteria for the general use of multidisciplinary pain management programs

Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met

- (1) Patient with a chronic pain syndrome, with pain that persists beyond three months including three or more of the following:
 - (a) Use of prescription drugs beyond the recommended duration and/or abuse of or dependence on prescription drugs or other substances; (b) Excessive dependence on health-care providers, spouse, or family;
 - (c) Secondary physical deconditioning due to disuse and/or fear-avoidance of physical activity due to pain;
 - (d) Withdrawal from social know how, including work, recreation, or other social contacts;
 - (e) Failure to restore preinjury function after a period of disability such that the physical capacity is insufficient to pursue work, family, or recreational needs;
 - (f) Development of psychosocial sequelae after the initial incident, including anxiety, fear-avoidance, depression or nonorganic illness behaviors;
 - (g) The diagnosis is not primarily a personality disorder or psychological condition without a physical component
- (2) The patient has a significant loss of ability to function independently resulting from the chronic pain

(3) Previous methods of treating the chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement

(4) The patient is not a candidate for further diagnostics, injections or other invasive procedure candidate, surgery or other treatments including therapy that would clearly be warranted

(5) An adequate and thorough multidisciplinary evaluation has been made, including pertinent diagnostic testing to rule out treatable physical conditions, baseline functional and psychological testing so follow-up with the same test can note functional and psychological improvement

(6) The patient exhibits motivation to change, and is willing to decrease opiate dependence and forgo secondary gains, including disability payments to effect this change

(7) Negative predictors of success above have been addressed

(8) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit

(9) Treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains.

(10) Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function

(11) At the conclusion and subsequently, neither re-enrollment in nor repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, out-patient medical rehabilitation) is medically warranted for the same condition or injury.

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)