

C-IRO Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/07/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 sessions of CPMP for the low back over 2 weeks including #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 and
Board Certified in Pain Management

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

This is a man who was involved in a rear end motor vehicle accident on xx/xx/xx. He sustained neck and back pain. He received treatments in xx. There were concerns about strains vs. discogenic pain. An MRI in 3/06 showed an L5/S1 disc protrusion abutting the bilateral S1 roots. A CT/discogram in 3/07 was interpreted as showing disc deterioration at L4/5 and L5/S1. He failed to improve with medications and an epidural injection. He subsequently had a combined anterior and posterior fusion from L4 to S1 with a decompression in 2/08. He failed to improve. He relocated to xx. Dr. noted in 8/10 that this man had a significant amount of therapy and would not likely benefit from more.

Subsequent assessments in xx described his pain. Psychological assessment showed persistent pain, frustration, tension, depression, anxiety and irritability with only slight changes over time. An FCE showed him to be at a light PDL with his prior job requiring him to be at a Heavy PDL, a level Dr. implied was likely. There were comments that his medical condition, Hep C,

diabetes and thrombocytopenia, precluded further surgery and even spinal injections for degenerative disc disease. There are unsigned letters requesting and appealing a pain program. One comment (4/4/11) stated the patient was "...entrenched in his disability and has adopted a disabled self image..."

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

This patient has chronic pain. Dr. has written that he did not think additional therapies would help the patient. The patient is approximately x years post injury and approximately 3 years post surgery. While the unsigned requests have cited his needs for CPMP, there were no comments addressing ODG's criteria 9:

(9) If a program is planned for a patient that has been continuously disabled for greater than

24 months, the outcomes for the necessity of use should be clearly identified, as there is conflicting evidence that chronic pain programs provide return-to-work beyond this period. These other desirable types of outcomes include decreasing post-treatment care including medications, injections and surgery. This cautionary statement should not preclude patients off work for over two years from being admitted to a multidisciplinary pain management program with demonstrated positive outcomes in this population.

The outcomes were not clearly defined. The criteria for the general use of multidisciplinary pain management programs has not been met. The reviewer finds there is no medical necessity for 10 sessions of CPMP for the low back over 2 weeks including #97799.

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)