

Core 400 LLC

An Independent Review Organization
209 Finn St
Lakeway, TX 78734
Phone: (512) 772-2865
Fax: (530) 687-8368
Email: manager@core400.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/16/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic pain management program 5x a week x2 weeks for 80 hours for the right hip

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

MD, Board Certified in Physical Medicine and Rehabilitation
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

Provider 1/21/11, 2/15/11
Clinic 12/14/10 to 1/24/11
Clinic 2/19/08
Rehab Notes 1/13/11
Clinic 1/3/11 to 1/13/11
Operative/Procedure Report 6/29/10
Rehab Notes 12/14/10
Official Disability Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This is a XX year-old woman who apparently had preexisting arthritis, fell and sustained a femoral fracture on X/XX/XX. She has underlying osteogenesis imperfecta per Dr. but not mentioned by Dr.. She underwent a removal of the hardware and had a right hip replacement and bone graft of the femur on 6/29/10. Per Dr., this was her fourth operation on the femur. Per Dr. note of 1/12 /11, there was no sign of loosening or infection. She continued to have pain and he felt that the modulus may be a mismatch. He said most, but not all of the allograft was incorporated. He could not explain the pain, but wanted repeat xrays 2 months after that visit. She had pain with PT and did not improve. She could not participate in an FCE or Work Hardening due to the pain. She reportedly cannot stand without a walker. Dr. wrote that she was "not appropriate for Work Hardening due to her overlying psychological factors." She is on hydrocodone and Flexeril, but Dr. is writes about antidepressants. It is not clear if she is on these or will be on these.

He cited her BAI as 27, her BDI at 31, both significantly elevated. Her prior job was at a light PDL. Some comments from Dr. describe right hip pain, and a few comments address back

pain as well.

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

The patient has chronic pain nearly X years after the original injury. It is unclear from the records if the patient also had problems after her prior back surgery in 2005, or if this pain situation is de novo. Among the risk factors for this patient are high levels of depression, pain and disability.

There appears to be “an absence of other options likely to result in significant clinical improvement,” which is one of the criteria for admission to a CPMP. There appears to be a significant amount of psychological issues to be addressed. The treatment program includes physical therapy. Comments such as she can not stand without a walker would normally cause this reviewer to have reservations about being able to participate in a program. However, this may be a more acceptable option considering the underlying osteogenesis imperfecta.

The patient apparently will not have any additional surgery. Dr. appears convinced that there is an organic and not a psychological pain issue, but cannot explain it. Dr. describes the suffering from the pain and how it affects the patient. The reviewer agrees with the providers in this case that there are no other options at this time. There are no major contraindications to a trial of a chronic pain program. The reviewer finds that medical necessity does exist for Chronic pain management program 5x a week x2 weeks for 80 hours for the right hip.

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)