

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: May/11/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic pain management program 6 final ½ days for 24 hours, 97799

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

MD, Board Certified Physical Medicine and Rehabilitation and 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

Official Disability Guidelines

Utilization review determination dated 04/12/11, 04/20/11

Letter dated 04/22/11

Request for chronic pain management program dated 04/07/11

Reconsideration request dated 04/13/11

Functional capacity evaluation dated 03/24/11

Assessment/evaluation for chronic pain management program dated 03/28/11

MRI left knee dated 06/03/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was pushing boxes on a conveyor roller when he hit his knee, which caused subluxation of the patella and a tear of the anterior cruciate ligament. The patient underwent left knee arthroscopy on 10/06/08 with ACL repair, synovectomy and autogenous soft tissue repair. The patient subsequently completed 6 sessions of individual psychotherapy as well as 15 days of a work hardening program. MRI of the left knee dated 06/03/10 revealed status post ACL repair; intact menisci; low signal intensity in Hoffa's fat pad extending up to the inferior pole of the patella is most consistent with scar tissue. Functional capacity evaluation dated 03/24/11 indicates that current PDL is medium, and new employment PDL is medium.

Assessment/evaluation for chronic pain management program dated 03/28/11 indicates that BDI has improved from 31 to 15. Subjective pain report, irritability, and anxiety remained the same. Frustration and sleep problems mildly improved, and muscle tension and depression increased. The patient presents with fleeting suicidal thoughts. Diagnoses are pain disorder and dysthymic disorder, late onset. Request for 6 final ½ days dated 04/07/11 indicates that the patient has been authorized for and almost completed 20 days of the program. Current medication includes Cymbalta. Range of motion and strength have improved. Current PDL is medium and required PDL is medium/heavy.

Initial request for chronic pain management program 6 final ½ days for 24 hours was non-certified on 04/12/11 noting that total treatment duration should not exceed 160 hours, the claimant has returned to work as of 02/24/11 and completed 174 hours of chronic pain management program. The patient has made little subjective and objective gain from baseline therapy. Reconsideration request dated 04/13/11 indicates that the patient has titrated the Cymbalta from 60 mg to 30 mg. The denial was upheld on appeal dated 04/20/11 noting that total treatment duration should not exceed 20 full day sessions without a clear rationale for the specified extension and reasonable goals to be achieved. The documentation submitted for review did not include an individualized treatment plan with reasonable goals to be achieved for the continuation of chronic pain management program.

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

Based on the clinical information provided, the request for Chronic pain management program 6 final ½ days for 24 hours, 97799 is not recommended as medically necessary, and the two previous denials are upheld. The patient has completed 15 sessions of work hardening program as well as 20 sessions of chronic pain management program. The submitted records fail to document significant physical or psychological improvement in the program to date. The patient's pre-program PDL was medium, and current PDL remains medium. Subjective pain report, irritability, and anxiety remained the same. Frustration and sleep problems mildly improved, and muscle tension and depression increased. The Official Disability Guidelines report that total treatment duration should not exceed 20 full day sessions without a clear rationale for the specified extension and reasonable goals to be achieved. Given the lack of significant progress in the treatment to date, the reviewer finds that Chronic pain management program 6 final ½ days for 24 hours, 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)