

Core 400 LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/26/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic pain management x 10 days 97799

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

MD, Psychiatrist, Certified by the American Board of Psychiatry and Neurology

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

ODG Pain Chapter

Denial Letters, The 3/8/11, 2/16/11

2/11/10-3/1/11

D.O., 12/14/10-1/18/11

PPE 12/16/10

P.A., 8/26/10

Medical Center, 5/3/10

Surgicare, 9/15/09

Hospital, 7/10/09

Imaging, 3/27/09

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male who was injured at work on xx/xx/xx. He was shooting concrete into a tower when the hose shot up with great force, striking him in the groin twice. The first time, it lifted him off the ground and the second time produced intolerable pain in his head, abdomen and groin and he fell over unable to breathe. He was initially treated with morphine, ultrasound of his testicles and x-rays of his back. He later had MRI of the lumbar spine and underwent caudal epidural steroid injections, epidurogram and lidocaine injection. He has received physical therapy for 6 sessions. Apparently, surgery has been recommended but not approved. He continues to experience intense pain and has changes in his daily functioning and relationships. A psychological evaluation performed on 01/19/11 diagnosed

him with MDD, severe and Pain Disorder. He was diagnosed using a clinical interview, BDI and MMPI-2-RF. A request was made for 10 days of CPMP. This request was denied by the insurance company reviewer as not meeting ODG requirements. The reviewer stated that "the MMPI-2 is grossly misinterpreted and is not applied with any clinical correlation to the patient, which is inappropriate practice". "There is no thorough behavioral psychological examination to provide a reasonable manifest explanation for the etiology and maintenance of patient's clinical problems to enable a better understanding of the patient in their social environment or to provide a cogent explanation for the identified complaints and dysfunction." Additionally, the reviewer points out that "the patient's physician has decided not to proceed with the indicated and approved surgery because of a putative dispute on the case. This is not a clinical rationale."

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

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be overturned. The psychological evaluation performed by Dr. addresses all the required areas specified in ODG. Her report includes a fairly lengthy discussion of the patient's MMPI results and indicates they are valid for interpretation. The results include statements such as "he reports extreme physical symptoms and he feels psychologically frail and vulnerable to negative self perceptions." These conclusions seem appropriate for a worker who has received a fairly significant injury and is no longer able to work. The proposed treatment program seems complete and appropriate. The prior reviewer objects to the fact that surgery has not been performed on this patient. However, ODG lists avoidance of surgery as a possible goal for CPMP. For all of these reasons, the reviewer finds there is a medical necessity for Chronic pain management x 10 days 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)