Core 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/02/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
10 sessions chronic pain management

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
Board Certified in Electrodiagnostic Medicine

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[ ] Upheld (Agree)
[X] 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 reportedly injured on xx/xx/xx in when he was left to hold a weight after a rope broke. He had back pain and pain down the lower extremities. The MRI showed disc changes at L1/2 and disc bulges and facet hypertrophy at L4/5 and L5/S1. There was foraminal (especially left more than right) narrowing at the L5/S1 level, but no radiological findings of nerve root compression. The EMG showed no evidence of any radiculopathy. Dr. advised a lumbar ESI. This was considered by Dr. for the back pain and right lower extremity pain. Ms stated this was still pending, but Dr. wrote that he was anxious over the risk of injury from the procedure. His work up showed unrelated adrenal adenomas. Ms assessment showed severe elevations of the BAI (29), BDI (21), fear avoidance, a pain level of 8-10 and an Oswestry score of 78%, consistent with a perceived crippling disability. An FCE in December 2010 reportedly showed him to have 0 pounds of dynamic lift and carry, but my copy showed 10 pounds of dynamic lift then and in February 2011. This was apparently one of the reasons the pain program had been denied. His NIOSH lift was 18 pounds. He is not on any controlled substances.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGSAND CONCLUSIONS USED TO SUPPORT THE DECISION
This patient has chronic back pain. One concern in the denials is that this man is now more than x months post injury. However, the x months is more likely a graded rather than rigid border. He had a good prior work history per Ms, but none now. She described vague future work plans, but not necessarily at the higher PDL that Dr. described. The concern remains about his depression, pain and perceived disability. There is no opiate medication use. He does not appear to be a surgical candidate, and in the absence of a documented radiculopathy, may not be a candidate for any ESI.

Dr. is optimistic this man will return to his prior physical work. The patient meets the ODG criteria for the general use of multidisciplinary pain management programs. The reviewer finds there is medical necessity for 10 sessions chronic pain management.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)