

# C-IRO Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Oct/24/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

97799 Chronic Pain Management Program x 80 Hours

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

M.D., Board Certified Physical Medicine and Rehabilitation

**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-TWC Treatment Guidelines  
Novare Denial Letters 09/22/11, 10/04/11, 03/07/11  
Preauthorization appeal 10/10/11, 09/27/11  
Request for preauthorization 09/20/11  
Office visit notes and physical therapy notes 08/25/11, 01/11/11, 02/24/11, 05/10/11, 07/05/11, 06/09/11, 07/26/11, 08/09/11, 02/19/10, 03/09/10, 04/08/10, 04/09/10, 04/15/10, 04/20/10, 04/21/10, 04/23/10, 04/27/10, 04/30/10, 05/04/10, 05/11/10, 05/13/10, 06/09/10, 06/15/10, 10/10/07, 09/25/07  
Handwritten progress notes 03/01/10, 03/25/10, 10/02/10, 01/05/11, 01/11/11, 12/28/09, 10/22/08, 10/09/08, 10/23/07, 09/04/07  
CT of the cervical spine 09/11/07  
Whole body bone scan 09/11/07  
MRI of the cervical spine 11/07/08, 08/22/07  
RME dated 07/19/11  
Letter of clarification 02/08/11, 08/24/11  
Impairment rating evaluation 03/02/11  
Designated doctor evaluation 12/22/10  
Functional capacity evaluation 12/04/10, 09/07/11  
IME 01/05/11  
Addendum 01/26/11  
Radiographic report 03/31/10  
Behavioral health assessment 09/20/11  
Weekly progress report 09/16/11, 09/23/11  
Case summary 09/20/10  
Work hardening discharge note 09/21/11  
Bona fide job offer 02/19/10  
Authorization for release of medical records and reports 02/19/10  
Laboratory reports 02/17/10, 06/23/10, 02/24/11

## **PATIENT CLINICAL HISTORY SUMMARY**

This woman was injured on xx/xx/xx, when she reached down with her right hand to catch a gallon of milk as it was falling to the floor. She has been treated with trigger point injections, oral steroids, and physical therapy. According to a designated doctor evaluation on 12/22/10 her diagnosis is thoracic sprain/strain. An FCE performed in December 2010 reported that she could return to work in the sedentary to light PDL with required PDL of medium. An impairment rating evaluation dated 03/02/11 says that impression is severe cervical strain/sprain/possible cervical disc injury. She was not found to be at MMI, but anticipated MMI was in 3 months.

A report dated 07/19/11 says that the diagnosis/extent of injury is right shoulder strain (resolved); cervical strain (resolved). The patient was determined to have reached MMI as of 06/14/2010 with 0% whole person impairment. An FCE performed on 09/07/11 reported that required PDL is medium and current PDL is light. The patient completed a trial of work hardening. Current medications include Hydrocodone, Flexeril, Mobic and Elavil. BDI is 21 and BAI is 6. Work hardening discharge note dated 09/21/11 indicates that the patient's PDL remains light.

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

This woman had sprain/strain injuries to the cervical spine and shoulder, which have reportedly resolved. She was determined to have reached maximum medical improvement with a 0% whole person impairment rating. She recently underwent a trial of work hardening. The Official Disability Guidelines do not generally support reenrollment in or repetition of the same or similar rehabilitation program. She has undergone multiple treatment modalities without significant improvement. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld. The reviewer finds medical necessity does not exist for 97799 Chronic Pain Management Program x 80 Hours.

## **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)**