

Core 400 LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: October/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic Pain Management x 10 sessions

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

Official Disability Guidelines and Treatment Guidelines
Denial Letters, 08/23/11, 09/06/11
Appeal letter dated 08/23/11
Treatment goals and objectives dated 08/12/11
Office visit note dated 08/11/11, 06/01/11
MMI/IR dated 05/12/11
Treatment request dated 07/11/11
Treatment progress report with mental health testing dated 08/08/11
PPE dated 07/26/11
BHI2 report dated 07/27/11
Handwritten patient notes dated 08/02/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. He was injured while using a drill when the drill got caught and twisted his wrists. MMI/IR evaluation dated 05/12/11 indicates that the patient underwent surgery on 10/28/09 to the left wrist followed by left wrist fusion on 02/10/11. Treatment to date has included physical therapy, steroid injection, diagnostic testing and medication management. The patient was determined to have reached MMI with 30% whole person impairment. Physical performance evaluation dated 07/26/11 indicates that he has no ability to move his left wrist at all. Current PDL is light and required PDL is heavy. Treatment progress report with mental health testing dated 08/08/11 indicates that current medications include Flector patch, Naproxen, Dalmane, Vicodin and hydrocortisone cream. The patient has participated in 12 individual psychotherapy sessions. BDI is 20 and BAI is 24. Diagnoses are pain disorder associated with work related injury medical condition and psychological factors and adjustment disorder, unspecified, acute.

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

The submitted records fail to establish that this patient has exhausted lower levels of care

and is an appropriate candidate for a chronic pain program. There is no indication that the patient has undergone psychometric testing with validity measures to assess the validity of the patient's subjective complaints. The records fail to establish that the patient's treating physician has ruled out all other appropriate care for the patient's chronic pain problem. The reviewer finds no medical necessity at this time for Chronic Pain Management x 10 sessions.

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)