

# Core 400 LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Oct/10/2011

**IRO CASE #:**

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

Chronic Pain Program - 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**

Official Disability Guidelines

Request for IRO dated 09/20/11

Request for IRO dated 09/15/11

Utilization review determination dated 08/08/11

Utilization review determination dated 08/19/11

Clinical records Dr. 07/22/11-09/14/11

Physical therapy evaluation

Functional capacity evaluation dated 07/29/11

Mental health evaluation dated 07/29/11

Letter of appeal Ms. dated 09/12/11

Letter of appeal Dr. dated 09/14/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who is reported to have date of injury of xx/xx/xxxx. On 07/22/11 she was seen by Dr. Dr. notes that he had previously seen the claimant for this same claim, but she has a new accepted body part. She was returned to work after completing PRIDE program in July 2010. She returned to work on full duty basis with increasing pain and persistent problems in her disputed neck component of the claim. The cervical complaints were subsequently accepted through CCH. Dr. reports she has complaints of newly compensable neck pain radiating into left hand. She is reported to have had no surgeries or injections to her neck. She received cervical MRI and upper extremity EMG/NCV. She is reported to have had no treatment for her neck yet, but doing simple physical therapy is reported to make little sense now years after date of injury. She attended an abbreviated functional restoration approach for the shoulder, which facilitated her return to work. She takes Ibuprofen for pain. Pain level is reported to be 8/10. BDI is reported to be 10. On physical examination she is noted to be 63 inches tall and weighs 134 lbs. She has reduced cervical range of motion and is reported to have numbness predominately in C5 distribution but some numbness throughout the arm. She is opined to have chronic left cervical radiculopathy pain with current physical examination findings of asymmetric muscle guarding

and mobility deficits with physical sign confirming electrodiagnostic evidence of left C5 radiculopathy with no clear confirmation of EMG findings of C7 radiculopathy. The claimant was subsequently recommended to undergo an interdisciplinary evaluation. This was performed on 07/29/11. It is reported her position requires a very heavy physical demand level. The functional capacity evaluation performed on 07/29/11 indicates significant limitations with claimant being at sedentary to light physical demand level. The behavioral health evaluation performed on this date notes BDI of 10, GAF of 50, MVAS of 90.

An initial review was performed by Dr. on 08/08/11. Dr. notes this is a continuation of treatment the claimant had more than a year ago described as refresher. She has moderate to severe lifting capacity deficits and high level of neck pain. She is working full time fully duty with pain related to her untreated neck and apparently has gone through a contested case hearing. She is noted to have gone through the full PRIDE program in the past. She has cervical radiculopathy. Functional capacity evaluation results are self-limiting. Her BDI is 10 with no significant elevations in psych scores. As a result Dr. notes that the request does not meet Official Disability Guidelines. Functional restoration is billed as a chronic pain management program which involves a large psychological component by the requester's own admission. The large psycho component is not necessary, so it is unclear why the patient is not being treated with an approach billed as a chronic pain management approach. He notes that the claimant has been through similar programs, is working, is not depressed, and not taking narcotic medications. He further notes that lower levels of care have not been exhausted.

In a reconsideration letter dated 08/11/11 the patient's provider, Dr. reports that injections are not pending, but were only proposed if the patient fails to make adequate progress. He reports that the claimant has not been through a similar program for the specific injury claim. He notes that the claimant only performs at a light to medium physical demand level. The records also contain a letter of appeal from the claimant.

A reconsideration review was performed on 08/19/11 by, Dr. who notes that the guidelines report disability for longer than 24 months as a poor predictor of success. He notes there is no documentation regarding a home exercise program.

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

The available medical records indicate that the claimant sustained injuries to her shoulder and neck as a result of a work place event. The neck was not included in the original claim; however, the claimant was treated conservatively regarding her shoulder and ultimately participated in the PRIDE program. She completed this program and has returned to work on a light duty status. She is working full time. Her BDI is 10; however, she exhibits self-limiting behavior. In a functional capacity evaluation the claimant is not documented as receiving any treatment for the cervical spine. Per Dr. records as a newly accepted claim it would be expected that the claimant would undergo a course of conservative management which would include oral medications, a course of physical therapy and interventional procedures if indicated. Participation in a chronic pain management program is a tertiary level program for those patients who are no longer surgical candidates and are less than two years post date of injury. Based upon the available data the claimant does not meet criteria for this program as she has not exhausted lower levels of care, she does not have a strong psychiatric component, she is currently not taking any narcotic medications, and it is unlikely that with this program the claimant would be able to achieve the very heavy physical demand level as reported by Dr. Based on the totality of the clinical information, the previous utilization review determinations should be upheld. The reviewer finds that medical necessity does not exist for Chronic Pain Program - 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)