

# C-IRO Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Sep/16/2011

**IRO CASE #:**

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

Chronic Pain Mgmt. Program 10 days

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

MD, BOARD CERTIFIED IN 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**

1. Official Disability Guidelines
2. Utilization review determination dated 08/15/11, 08/24/11
3. Letter dated 09/06/11
4. Request for CPMP dated 07/26/11
5. Reconsideration request dated 08/17/11
6. History and physical dated 05/11/11
7. CPMP plan and goals of treatment dated 05/11/11
8. PPE dated 04/27/11
9. Assessment/evaluation for CPMP dated 05/11/11
10. Psychological testing results dated 06/01/11
11. consultation dated 05/11/11
12. MRI right hip dated 11/13/08
13. MRI lumbar spine dated 08/05/08
14. EMG/NCV dated 11/07/08
15. MRI pelvis dated 10/06/08
16. MRI left ankle dated 07/30/08
17. MR right hip arthrogram dated 12/23/08
18. Decision and order dated 07/27/10
19. Physician advisor report dated 07/13/10
20. Initial mental health status evaluation dated 06/22/10

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a female whose date of injury is xx/xx/xxxx. On this date the patient fell down a flight of stairs injuring her low back, left foot and ankle and right hip. Treatment to date includes surgery for the right leg and hip in 2009, physical therapy, and medication

management. PPE dated 04/27/11 indicates that required PDL is light and current PDL is sedentary. Current medications include Metformin, OTC pain medications, and OTC pain patches. Behavioral medicine consultation update dated 05/11/11 indicates BDI is 31 and BAI is 36. Diagnoses are pain disorder associated with both psychological factors and a general medical condition, and major depressive disorder, single episode, severe with recurrent psychotic features.

Psychological testing results dated 06/01/11 indicate that MMPI validity scales raise concerns about the possible over-reporting/under-reporting on the validity of this protocol. The patient reports a pattern of somatic complaints and a number of vague neurological complaints.

Initial request for chronic pain management program was non-certified on 08/15/11 noting that psychological testing indicated psychological risk factors that are negative predictors of successful treatment outcomes. The duration of this injury and the results of the psychological testing are negative predictors of success. There is no evidence provided to indicate that the treatment team has exhausted all appropriate treatments for this patient. The denial was upheld on appeal dated 08/24/11 noting that the mental health evaluation is inadequate as an evaluation for admission to a comprehensive pain rehabilitation program. There was no investigation with the patient regarding the specific appreciation of the questions and her response, which is a patently inappropriate method of test interpretation. There is no documentation that all other appropriate care has been ruled out.

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

The Official Disability Guidelines do not recommend chronic pain management programs for patients whose date of injury is greater than 24 months old as there is conflicting evidence that chronic pain programs provide return to work beyond this period. In addition, the submitted records fail to establish that the patient has exhausted lower levels of care and is therefore an appropriate candidate for this tertiary level program. The patient has been diagnosed with major depressive disorder; however, there is no indication that the patient has undergone a course of individual psychotherapy or been placed on psychotropic medications. Additionally, the patient's psychological testing revealed negative predictors of success that have not been addressed in the records provided for this review. The reviewer finds there is not a medical necessity at this time for Chronic Pain Mgmt. Program 10 days.

#### **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)**