

# Core 400 LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Sept/08/2011

**IRO CASE #:**

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

Chronic pain management program 5 x 2

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

MD, Board Certified by the American Board of Psychiatry and Neurology with additional qualifications in Child and Adolescent Psychiatry

**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**

Pain Chapter  
Direct 8/2/11, 8/9/11  
7/25/11-8/26/11  
Institute 7/21/11  
RN 8/26/11  
D.C. 7/21/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a man with date of injury of xx/xx/xxxx. His diagnosis is herniated disc at L4-5. He underwent spinal surgery on 10/04/2006. MMI was assessed on 03/14/2007 with a 5% impairment rating. On 07/15/2011, his doctor indicated decreased lower extremity complaints with new medication. His PDL is light as assessed at the FCE on 07/21/2011. This is his general work physical demand level. A request was received for CPMP. This was denied upon appeal and reconsideration. The rationale was that the evaluation was inadequate for admission to CPMP.

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

The rationale for denial is that there has not been an adequate and thorough multidisciplinary evaluation on this patient. The insurance company's reviewer pointed out specific objectives for this evaluation, including determination of the degree of psychological adaptation to chronic pain, evaluation of premorbid psychological state, personality factors and their influence on the onset and etiology of pain, establish role of psychological factors in the maintenance and exacerbation of pain, identify environmental reinforcers of chronic pain and illness behaviors such as family, litigation status and disability insurance status, as well as other objectives. The treatment team sent a rebuttal showing that ODG criteria were met. However, the treatment team did not explain how the criterion for the required evaluation was met. In their initial evaluation, a BDI and BAI showed minimal problems and the patient was

noted to be at low risk for abuse of narcotics. Some history was also obtained. However, there was no evidence that a complete psychological evaluation was completed beyond the screening phase. While this level of evaluation would be adequate as per ODG for a request for initial sessions of psychotherapy, it is not, as both reviewers have contended, adequate for approval of CPMP, according to the ODG. The reviewer finds there is not a medical necessity at this time for Chronic pain management program 5 x 2.

**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)