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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/27/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic pain management program, 80 hours, to abdomen

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
Utilization review determination dated 02/07/12, 01/27/12
Request for reconsideration dated 01/31/12
Preauthorization request dated 01/24/12
Behavioral evaluation report dated 01/19/12
Work capacity evaluation dated 01/19/12
Physical therapy progress note dated 01/12/12
Subsequent medical report dated 12/13/11
Physical therapy evaluation dated 12/13/11
Appeal letter dated 03/14/12

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. He was operating a machine when a high-pressure hose came loose and the liquid under pressure caused cuts and open wound over his right anterolateral ribs. The patient underwent a course of 14 sessions of physical therapy for diagnosis of contusions to the rib and abdomen. Functional capacity evaluation dated 01/19/12 indicates that required PDL is heavy and current PDL is light. Behavioral evaluation report dated 01/19/12 indicates that PAIRS score is 63. BDI is 31 and BAI is 22. Diagnosis is major depression moderate.

Initial request for 80 hours of chronic pain management program was non-certified on 01/27/12 noting that there is no indication from the medical records that the patient has a significant loss of ability to function independently. The patient is not currently taking any opioid analgesics, but is taking Ultram. Without documentation of opioid dependence, an intensive chronic pain management program is not necessary. There is no indication that the patient has had unsuccessful return to work attempts. The patient is apparently performing in

the light physical demand category; however, the work capacity evaluation submitted for review does not clarify specific work tasks that the patient is required to perform and the patient's current functional level in regards to those specific work tasks. The work capacity evaluation is somewhat incomplete and does not provide objective measurements of the patient's ability to function. Although the patient was found to have evidence of depression and anxiety, there is no indication that the patient has undergone outpatient psychotherapy treatment. Request for reconsideration dated 01/31/12 indicates that the patient is currently taking Ultram and Zoloft. The denial was upheld on appeal on 02/07/12 noting that there is no clear indication that the patient has a significant loss of ability to function independently.

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

The submitted records fail to establish that the patient has exhausted lower levels of care and is an appropriate candidate for a CPMP. The patient has been diagnosed with major depression; however, there is no indication that he has undergone a course of individual psychotherapy. The patient is not currently taking any opioid medications. There is no indication that the patient has had unsuccessful return to work attempts. There is no clear indication that the patient has a significant loss of ability to function independently. The reviewer finds that medical necessity does not exist for Chronic pain management program, 80 hours, to abdomen.

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)