

# Core 400 LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Apr/20/2012

**IRO CASE #:**

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

80 additional hours of chronic pain management

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

M.D., Board Certified Pain Medicine

**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  
Preauthorization review report 03/15/12  
Preauthorization reconsideration review 04/02/12  
Physical performance evaluation (PPE) 02/28/12  
Reassessment for chronic pain management program continuation 03/06/12  
Physical performance evaluation (PPE) 12/02/11  
Preauthorization request continuation chronic pain management program 03/09/12  
Preauthorization reconsideration request continuation chronic pain management 03/23/12

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female whose date of injury is xx/xx/xx. She injured her low back while pulling. She was not expecting it to be stuck. When she lifted and tried to jerk, she was unable to lift it. She was treated with diagnostic / imaging, physical therapy, epidural steroid injections and work hardening program. She also participated in individual psychotherapy x 4 visits. The claimant also completed 80 hours of a chronic pain management program. Records indicate her injury related medications have been reduced down to Motrin 600 mg. A 50% reduction of anxiety and sleep reduction was noted, with 100% reduction of depression. A 50% increase in pain was noted, but Official Disability Guidelines shows patients may get worse before they get better. The claimant was recommended to participate in additional 80 hours of interdisciplinary pain rehabilitation program in order to extinguish active symptoms over long term basis, maximize functional tolerances and propel her to safe return to work. She is currently performing at light- medium physical demand level. She is noted to have made progress in activities of daily living.

A request for 80 additional hours of chronic pain management was reviewed on 03/15/12, and the request was determined as not medically necessary and appropriate. Per office visit dated 03/09/12, the claimant has already completed 80 hours of CPMP. Medications have been reduced to Motrin 600 mg. Pain is chronic at 3/10. All psychological findings are minimal and most are reduced to 1/10 negating need for interdisciplinary approach. She is

currently performing at light-medium physical demand level. In report dated 02/14/12 states there is no need for formal pain management at this time. As such, request is non-certified.

A reconsideration request was reviewed on 04/02/12, and again the request was determined as not medically necessary. The reviewer noted the claimant was bending over pulling on pallet that was stuck when she noticed back pain. Peer review dated 02/14/12 indicates treatment to date includes epidural steroid injections, physical therapy, diagnostic testing and work hardening program that did not give her any significant relief. The claimant is only taking medications like Ibuprofen. The reviewer opines there is no need for formal pain management at this time. She can follow-up with on every 3-4 month basis for year or 18 months. The claimant sustained lumbosacral strain type injury. Note dated 03/23/12 indicates she has completed 80 hours of chronic pain management program. Her injury related medications have been reduced down to Motrin 600 mg. Pain level increased from 2/10 to 3/10. Irritability, frustration and depression are unchanged at 1/10. Anxiety decreased from 2/10 to 1/10. BDI decreased from 4-0. BAI remained at 1. Current physical demand level is unchanged at light medium and required physical demand level is heavy. It was noted that per telephonic consultation with the claimant has previously undergone 10 sessions of work hardening and 10 sessions of chronic pain management program. Claimant did not have significant psychosocial issues to begin with. She did not report significant progress secondary to the initial 10 sessions of chronic pain management program. Pain level increased. Irritability, frustration and depression are unchanged at 1/10. Anxiety decreased from 2/10 to 1/10. BDI decreased from 4-0. BAI remained at 1. Current physical demand level is unchanged at light medium. Therefore 80 additional hours of chronic pain management is not medically necessary. The claimant should be instructed in and encouraged to perform an independent self-directed home exercise program.

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

The patient is not currently taking any narcotic medications and psychological symptoms are minimal. Thus, there is no need for a multidisciplinary approach. The Official Disability Guidelines support up to 160 hours of the program with evidence of objective, functional improvement. The patient did not make significant progress after the initial 80 hours of chronic pain management program. Pain level increased. Irritability, frustration and depression are unchanged at 1/10. Anxiety decreased from 2/10 to 1/10. BDI decreased from 4-0. BAI remained at 1. Current physical demand level is unchanged at light medium. Given the current clinical data, it is the opinion of the reviewer that the requested 80 additional hours of chronic pain management is not medically necessary.

**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)