

# C-IRO Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Feb/13/2012

**IRO CASE #:**

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

Chronic Pain Management Program initial 80 hours/units 97799 for the lumbar spine

**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, Chapter: Pain

Utilization review determinations dated 01/12/12, 12/20/11

Reconsideration request dated 12/28/11

Functional capacity evaluation 10/19/11

Chronic pain management program notes 10/24/11, 10/25/11

Goals of treatment dated 10/25/11

Psychological assessment report dated 11/30/11

Initial behavioral medicine consultation dated 07/15/11

Office visit note dated 11/05/10, 12/07/10, 01/28/11, 03/22/11

Operative report dated 12/13/10

Discharge summary dated 12/14/10

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male injured xx/xx/xx. He was lifting a 35-40 pound mold and began to have pain in his low back, which radiated into his left lower extremity. He had lumbar laminectomy at L3-4 and L4-5 with foraminotomy, osteophytectomy, discectomy and decompression of the nerve roots on 12/13/10. Initial behavioral medicine consultation from 07/15/11 shows he has had diagnostic testing, physical therapy, surgical intervention and medication management. Diagnoses are major depressive disorder and pain disorder associated with both psychological factors and a general medical condition. He had individual psychotherapy. History and physical on 10/24/11 says he completed a work hardening program. Functional capacity evaluation dated 10/19/11 says that current PDL is light/medium and required PDL is heavy. Psychological assessment on 11/30/11 says that medications include Hydrocodone-acetaminophen, Cephalexin, Sertraline, Motrin, and Flexeril. BAI is 48 and BDI is 38. MMPI scores on the validity scales raise concerns about the possible impact of overreporting. Diagnoses are unchanged.

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

This patient underwent a previous work hardening program as well as chronic pain management program; however, there are no treatment notes provided to establish the patient's objective, functional response to these programs. The ODG do not support reenrollment in or repetition of the same or similar rehabilitation program, and note that chronic pain management programs should not be used as a stepping-stone after completion of less intensive programs. The patient's Beck Anxiety Inventory is exceedingly high and MMPI scores on the validity scales raise concerns about the possible impact of over-reporting. The reviewer finds there is no medical necessity at this time for Chronic Pain Management Program initial 80 hours/units 97799 for the lumbar spine.

**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)