

# C-IRO Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Sep/04/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
additional Chronic pain management program x 40 hours (5 days)

**A 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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is the opinion of the reviewer that the request for additional Chronic pain management program x 40 hours (5 days) is not indicated as medically necessary.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 07/25/12, 07/31/12

Request for treatment extension dated 07/20/12

Progress summary dated 06/21/12

Request for reconsideration dated 05/07/12, 07/26/12

Letter dated 08/13/12

Preauthorization request dated 04/30/12

Behavioral evaluation report dated 04/26/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male. He was unloading a truck when a set of doors fell on his left shoulder, crushing and pinning him. He has had x-rays, MRI, physical therapy, massage, right shoulder surgery, steroid injection and medication management. Behavioral evaluation report dated 04/26/12 indicates that BDI is 28 and BAI is 12. Diagnoses are pain disorder associated with psychological factor a general medical condition; and major depression moderate. Current medications are Hydrocodone, Celebrex and Cymbalta. Progress summary dated 06/21/12 indicates that the patient began attending pain management sessions on 05/16/12 and has been consistent with his attendance. BDI decreased to 18 and BAI to 6. Pain level remains 5/10. Treatment extension request dated 07/20/12 indicates that BDI is now 9 and BAI is 14. Pain level is 4-5/10. The patient has completed 160 hours of chronic pain management program to date.

A request for additional chronic pain management program x 40 hours was denied on 07/25/12 noting that the patient has already completed 160 hours of chronic pain management program. Current evidence based guidelines note that treatment duration should generally not exceed 160 hours. Dr. indicated that this is a modified program with no physical activity and only addresses psychological components. The patient's psychological testing scores are within normal limits at this time, and therefore additional treatment in excess of ODG recommendations is not indicated as medically necessary. The denial was upheld on appeal dated 07/31/12 noting that the patient has already completed 160 hours of chronic pain management program. Current evidence based guidelines note that treatment duration should generally not exceed 160 hours.

The provided documentation does not justify exceeding guideline recommendation. I did not find any valid extenuating circumstances. The patient's psychological testing scores are within normal limits at this time, and therefore additional treatment in excess of ODG recommendations is not indicated as medically necessary.

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

The submitted records indicate that this patient has completed 160 hours of chronic pain management program to date. The Official Disability Guidelines Pain Chapter notes that treatment duration should generally not exceed 20 full days or 160 hours. There are no exceptional factors of delayed recovery documented to support exceeding this recommendation. The program is noted to be a modified program that focuses solely on psychological components and no physical modalities are utilized. Given that the patient's current Beck scales fall within the normal range, it is unclear why additional sessions of psychological treatment are required for this patient. Given the current clinical data, it is the opinion of the reviewer that the request for additional Chronic pain management program x 40 hours (5 days) is not indicated as 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)**