

# C-IRO Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jan/02/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Chronic pain management (CPM)  
x 80 hours 97799

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** D.O. 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 requested chronic pain management (CPM) x 80 hours 97799 is not indicated as medically necessary.

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

ODG - Official Disability Guidelines & Treatment Guidelines

Initial behavioral medicine consultation dated 07/28/11

Psychological assessment report dated 10/26/11

Physical performance evaluation dated 11/07/12

Assessment / evaluation for CPM program

Chronic pain management preauthorization request dated 11/19/12

Utilization review determination dated 11/26/12

Reconsideration chronic pain management preauthorization request dated 12/04/12

Utilization review determination dated 12/10/12

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male whose date of injury is xx/xx/xx. On this date the patient was unloading and stepped in a hole in the yard causing him to lose his balance. He tried to keep his balance and leaned back and heard a pop in his right shoulder and lower back. Initial behavioral medicine consultation dated 07/28/11 indicates that treatment to date includes x-rays, MRIs, EMG/NCV, physical therapy and 2 epidural steroid injections. Diagnosis is pain disorder associated with both psychological factors and a general medical condition. Psychological assessment report dated 10/26/11 indicates that MMPI profile is valid. Diagnoses are pain disorder associated with both psychological factors and a general medical condition; and major depressive disorder, single, severe without psychotic features. PPE dated 11/07/12 indicates that required PDL is very heavy and current PDL is light to medium. Assessment/evaluation dated 11/07/12 indicates that BDI is 17 and BAI is 9. Current medications are Flexeril, Tramadol and ibuprofen. The patient has completed 4 sessions of individual psychotherapy and 10 days of work hardening

program.

Initial request for chronic pain management x 80 hours was non-certified on 11/26/12 noting that the patient underwent 10 sessions of a work hardening program in 2011. It is unclear why the patient did not continue in this program. The patient's date of injury is over 2 years old. Current evidence based guidelines generally do not support chronic pain management programs for patients who have been off work continuously for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. Reconsideration dated 12/04/12 indicates that the patient was discharged from work hardening due to his mood acting as a barrier in the program. He then did 4 sessions of individual psychotherapy and his mood stabilized. The patient is currently working part time for two different employers. The denial was upheld on appeal dated 12/10/12 noting that if the patient is working two full time jobs with one of the jobs being it is not clear why he could not move to full time in his current status. The patient is working and the jobs he is doing do not appear to require a very heavy physical demand level. There is insufficient information regarding prior attempts at medication titration.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient is currently working for two employers, and it is unclear why a return to work program is needed at this time for this patient. The patient has been recommended for chronic pain management program to help wean him off of his medications; however, it is unclear why this cannot be performed in the setting of a lower level of care. The patient's current jobs do not appear to require a very heavy PDL as described in the submitted PPE. Given the current clinical data, it is the opinion of the reviewer that requested chronic pain management (CPM) x 80 hours 97799 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)