

# C-IRO Inc.

An Independent Review Organization

1108 Lavaca, Suite 110-485

Austin, TX 78701

Phone: (512) 772-4390

Fax: (512) 519-7098

Email: resolutions.manager@ciro-site.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jul/03/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Pain Management program 5xWk x 2Wks (80 Hours)

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D. Board Certified Anesthesiologist and 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 Pain Management program 5xWk x 2Wks (80 Hours) is not recommended as medically necessary.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 06/07/13, 05/07/13

Preauthorization request dated 04/25/13, 03/27/13

History and physical dated 02/18/13

Chronic pain management plan and goals of treatment dated 02/18/13

Psychological testing and assessment report dated 03/26/13

Initial behavioral medicine consultation dated 03/09/12

Assessment dated 02/18/13

Rehabilitation progress note dated 12/12/12, 12/10/12, 12/07/12, 12/05/12, 12/03/12

Appeal letter dated 05/20/13

PPE dated 04/18/13, 01/28/13

Reassessment dated 04/19/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a female whose date of injury is xx/xx/xx. On this date the patient was giving a client a massage and went to shift onto her left hip when she felt a pop in her right shoulder. Treatment to date includes chiropractic, medication management, work conditioning x 30 hours, corticosteroid injection on 05/10/12, individual psychotherapy x 10, right shoulder arthroscopy on 09/25/12 followed by postoperative physical therapy and diagnostic testing. Psychological testing and assessment report dated 03/26/13 indicates that the patient is currently taking Tramadol prn. BDI is 28 and BAI is 21. MMPI protocol is valid. Diagnoses are pain disorder associated with both psychological factors and a general medical condition, chronic; and major depressive disorder, single episode, mild. The patient has most recently completed 80 hours of chronic pain management program. Pain level remains 7/10. BDI decreased from 28 to 27 and BAI

from 21 to 18. The patient was recently prescribed Remeron. The patient's PDL remains medium with required PDL of heavy.

Initial request for pain management program x 80 hours was non-certified on 05/07/13 noting that the submitted documentation indicates that there has been no change in pain (7/10) and minimal improvement in anxiety and depression. There is no change in the medium physical demand level as the patient remains unable to perform the required heavy physical demand level for work. Notably, the 04/19/13 chronic pain management progress report mentions a new prescription for Remeron which was not previously taken. Reconsideration dated 05/20/13 indicates that the patient reports she no longer feels so alone and she has seen the value of distraction from her pain.

The denial was upheld on appeal dated 06/07/13 noting that the patient refuses to take any antidepressant medication and is not currently taking any pain medications. The patient made minimal progress in the initial 10 days of treatment. The patient's date of injury is over 24 months old.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient has completed 80 hours of a chronic pain management program to date. The Official Disability Guidelines support up to 160 hours of chronic pain management program with evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. The submitted records document minimal progress in the program to date. The patient's pain level remains 7/10 and physical demand level is unchanged at medium. Beck scales only slightly improved. As such, it is the opinion of the reviewer that the request Pain Management program 5xWk x 2Wks (80 Hours) is not recommended 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)