

# Core 400 LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Aug/30/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Chronic pain management program 80 hours

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D., Board Certified Physical Medicine and Rehabilitation 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 this reviewer that the request for a Chronic pain management program 80 hours is recommended as not medically necessary.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines  
Clinical notes dated 01/25/12, 02/22/12, 03/08/12, & 06/04/12  
Initial behavioral consultation dated 05/03/12  
Individual psychotherapy notes dated 05/31/12, 06/05/12, 06/19/12, 06/28/12, 07/18/12, & 07/26/12  
MRI of the right knee dated 04/04/11  
Functional capacity evaluations dated 04/09/12, 05/24/12, 09/06/12, 04/05/13, & 07/05/13  
Clinical notes dated 09/04/12, 09/06/12, & 10/11/12  
Operative report dated 10/30/12  
Clinical notes dated 11/26/12 & 12/13/12  
Clinical notes dated 01/24/13, 02/21/13, 03/26/13, 04/04/13, 05/09/13, 06/06/13, & 06/27/13  
Psychological testing assessment report dated 07/17/13  
Clinical note dated 07/25/13 & 08/01/13  
Medication prescription forms dated 04/05/12, 05/03/12, 07/26/12, 09/06/12, 10/11/12, 11/15/12, 12/13/12, 01/24/13, 02/21/13, 04/04/13, 05/09/13, & 06/27/13  
Medical history form dated 06/11/11  
Therapy notes dated 07/06/11, 09/21/11, 01/03/13, 01/17/13, 01/22/13, 01/28/13, 01/30/13, 01/31/13, 02/09/13, 04/15/13, 04/17/13, 05/03/13, 05/06/13, 05/08/13, 05/13/13, 05/15/13, and 05/17/13  
Physical therapy progress report dated 04/11/13  
Partial determination dated 07/15/13  
Adverse determinations dated 05/29/12, 07/12/11, 07/27/11, 07/26/13, 07/25/13, & 08/01/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a female who reported an injury

regarding her right knee. The clinical note dated 01/25/12 details the patient having right knee pain. The patient stated the initial injury occurred on xx/xx/xx. The patient felt a pop in her knee. Pain was noted at the back of the right knee. The patient described the pain as a burning sensation. Upon exam, the patient was noted to ambulate with a bent knee. The patient stated that she was able to fully straighten the knee but was unable to bend it. The patient stated that she was unable to squat secondary to pain. Swelling and effusion were noted at the right knee. The patient was noted to have a positive McMurray's and Apley's test on the right. The patient was able to demonstrate 5 to 130 degrees of range of motion at the right knee.

The MRI of the right knee dated 04/04/11 revealed medial femoral tibial compartment osteoarthritis. A chondral defect was noted at the posterior weight bearing aspect of the lateral femoral condyle. A free margin tear was noted at the posterior horn of the medial meniscus. The initial behavioral medicine consultation details the patient undergoing a battery of psychological exams. The patient scored a 15 on her BDI-2 indicating mild depression, a 20 on her BAI indicating moderate anxiety, a 34 on her FABQ-W and a 21 on her FABQ-PA. The clinical note dated 06/04/12 details the patient continuing with right knee pain. The individual psychotherapy note dated 07/26/12 details the patient having completed 6 psychotherapy sessions to date. The note does detail the patient having made minimal improvements regarding her BDI-2 score on which she was noted to have scored a 10. The clinical note dated 09/04/12 details the patient having completed a course of physical therapy as well as injections without significant benefit. The patient was recommended for a diagnostic arthroscopy at the right knee at that time. The clinical note dated 10/11/12 details the patient able to demonstrate full range of motion but with pain at the right knee. Slight effusion with mild tenderness was noted. The operative report dated 10/30/12 details the patient undergoing a diagnostic arthroscopy with an ACL repair, PCL repair, and a partial medial and lateral meniscectomy. The clinical note dated 11/26/12 details the patient continuing with 7/10 right knee pain. The patient was able to demonstrate 0 to 120 degrees of range of motion at that time. The therapy note dated 04/11/13 details the patient demonstrating 4 to 4+5 strength throughout the right knee. Additionally, the patient demonstrated -3 to 128 degrees of range of motion. The clinical note dated 06/27/13 details the patient being recommended for a functional capacity evaluation. The note does detail the patient utilizing Naproxen and Tramadol for ongoing pain relief. The psychological testing assessment report dated 07/17/13 details the patient scoring a 14 on her BDI-2 indicating mild depression and a 35 on her BAI indicating severe levels of anxiety. The functional capacity evaluation dated 07/25/13 details the patient able to demonstrate a medium physical demand level. The patient's occupation requires a medium physical demand level as well. The clinical note dated 08/01/13 details the patient utilizing Flexeril, Naproxen, and Tramadol for ongoing pain relief. The note details the patient having a 2nd injury when she fell in xx/xxxx sustaining a left foot fracture.

The previous utilization review dated 07/25/13 resulted in a denial for a chronic pain management program as the patient's date of injury was noted.

The previous utilization review dated 08/01/13 resulted in a denial for a chronic pain management program and the patient was noted to have demonstrated improvement with individual psychotherapy without subsequent sessions being requested. Additionally, patient's physical demand level was noted to be a medium where her occupation also requires a medium physical demand level.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The documentation submitted for review elaborates the patient having a right knee injury which subsequently resulted in an operative procedure to include a meniscectomy. A chronic pain management program would be indicated provided the patient meets specific criteria to include a mismatch in the patient's physical demand level in terms of the occupational physical demand level. The documentation details the patient able to demonstrate a medium physical demand level whereas the patient's occupation requires a medium physical demand level as well. There is currently conflicting evidence regarding chronic pain programs providing a return to work beyond this period. Given the lack of a mismatch between the patient's physical demand

level and her occupational physical demand level and taking into account the time frame involving the patient's injury, this request is not indicated. As such, it is the opinion of this reviewer that the request for a Chronic pain management program 80 hours is recommended as 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)