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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Mar/11/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 80 hours of functional restoration program for symptoms related to thoracic spine and right foot/ankle injury

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 the reviewer that the request for 80 hours of functional restoration program for symptoms related to thoracic spine and right foot/ankle injury is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. On this date the patient fell onto his back. Functional capacity evaluation dated 08/27/13 indicates that required PDL is very heavy and current PDL is light. Mental health evaluation dated 09/04/13 indicates that the patient has had 2 back surgeries and 3 ankle surgeries. The patient has not had meaningful work since the accident. Current medications include methadone, Trazodone and Prozac. The patient admits that he is addicted to narcotic pain killers. BDI is 19. Diagnoses are pain disorder, major depressive disorder and opioid dependent. Recheck office assessment dated 11/22/13 indicates that the patient has completed 80 hours of functional restoration program. He remains on methadone 80 mg per day as well as Valium and Abilify. Progress note dated 11/25/13 indicates that pain level has decreased from 7/10 to 6.5/10. GAF has increased from 47 to 50. IDS score decreased from 36 to 25. PDL has increased from light to medium.

Initial request for 80 hours of functional restoration program for symptoms related to thoracic spine and right foot-ankle injury was non-certified on 12/18/13 noting that there is no significant objective documentation of decreased subjective pain scores or decreased medication use to support the need to continue further functional restoration program at this time. The claimant has been continuously disabled for greater than 24 months, suggesting that the outcome or ability to return to work would be minimal. Reconsideration letter dated 01/10/14 indicates that the patient is on methadone, not for pain management, but for his opioid dependence and heroin addiction.

The patient is noted to be significantly more active. His depressive symptomatology has decreased. He has increased his physical demand level from light to medium and is motivated to return to work. The denial was upheld on appeal dated 01/22/14 noting that the

claimant is still on 70 mg of methadone. Pain score has not changed significantly. There is doubt the claimant will ever get off methadone, but they have gotten him from 80 mg to 70 mg and their goal is to get him to about 40 mg and increase his function.

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 functional restoration program without significant documented improvement. The patient's medication regimen is largely unchanged. The patient is taking methadone for opioid dependence and heroin addiction. The patient's reported pain level is only slightly decreased. The Official Disability Guidelines support ongoing functional restoration program only with evidence of objective functional improvement. Given the patient's limited progress in the program to date, additional hours are not supported. As such, it is the opinion of the reviewer that the request for 80 hours of functional restoration program for symptoms related to thoracic spine and right foot/ankle injury 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)