

# Core 400 LLC

An Independent Review Organization  
3801 N Capital of TX Hwy Ste E-240 PMB 139  
Austin, TX 78746-1482  
Phone: (512) 772-2865  
Fax: (530) 687-8368  
Email: [manager@core400.com](mailto:manager@core400.com)

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Oct/20/2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** 80 hours (10 sessions) of chronic pain program

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** PhD, Licensed Psychologist

**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 (10 sessions) of chronic pain program is not recommended as medically necessary

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a female whose date of injury is xx/xx/xx. On this date she xxxxx fell forward on her hands and knees. Designated doctor evaluation performed in April 2015 declared the patient to have reached maximum medical improvement with 9% whole person impairment. Functional capacity evaluation dated 07/16/15 is largely invalid. Request for services dated 08/18/15 indicates that the patient has completed approved individual psychotherapy sessions with minimal progress. Current medications are ibuprofen and cyclobenzaprine. BDI decreased from 14 to 10 and BAI remained 8.

Initial request for 80 hours of a chronic pain program was non-certified on 08/21/15 noting that the patient is already at MMI. The BAI and BDI which are objective measures contradict the reports of patient symptoms and need to be discussed. The functional capacity evaluation is largely invalid. Request for reconsideration dated 08/25/15 indicates that treatment to date includes x-rays, MRIs, physical therapy, TENS unit, EMG/NCV, individual psychotherapy and medication management. Beck scales are within the minimal range. The denial was upheld on appeal dated 09/11/15 noting that there are inconsistent findings of psychological testing on the Beck scales and lack of a clear explanation for this. There has been no objective psychological testing such as MMPI-2, MBMD to validate the patient's psychological complaints or to rule out symptom magnification, malingering or somatization in light of invalid functional capacity evaluation findings.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient sustained injuries there is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review to establish that the patient has exhausted lower levels of treatment and is an appropriate candidate for this tertiary level program. The patient's functional capacity

evaluation is largely invalid and there is inconsistency noted in reported Beck scales; however, there is no confirmation through validity testing that the patient's reported symptoms are accurate. The patient is not currently taking opioid or psychotropic medications. As such, it is the opinion of the reviewer that the request for 80 hours (10 sessions) of chronic pain program is not recommended as medically necessary and the prior denials are upheld.

**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)