C-IRO Inc.
An Independent Review Organization
3616 Far West Blvd Ste B
Austin, TX 78731
Phone: (512) 772-4390
Fax: (512) 387-2647
Email: resolutions.manager@ciro-site.com

Information Provided to the IRO for Review

- Clinical Records – X
- Physical Therapy Notes –X
- Texas Workers' compensation Work Status Report – X
- XX Evaluation – X
- Occupational Therapy Note – X
- Functional Capacity Evaluation – X
- Utilization Reviews – X
- Medical Review – X
- Appeal Letter – X
- Peer Review Report – X
- Attorney Letters – X
- Diagnostic Report – X

Patient Clinical History (Summary)

X with date of injury X. X was involved in a X where X was a X. The X and the X. X was diagnosed with X.

On X, X was evaluated by X, MD for an office visit. X was injured in a X and was seen by X. X had X. X stated that X XX was significantly improved with X; however, X was continued to be painful. On examination, the X range appeared to be full and normal. There was some vague X. Otherwise, X was quite functional, but complaining of pain. Dr. X offered X X program to restore X function.

On X, a XX Evaluation was completed by X, PhD. Per Dr. X met the criteria for the general use of X pain management program, according to the Official Disability Guidelines (ODG), chronic pain chapter. It further explained that being that X had not been able to become stabilized enough to enhance XX XX to more effectively manage pain and achieve success in rehabilitation, Dr. X was requesting that X participate in X trial sessions of a XX X pain management program. Without this type of intensive intervention X XX XX and thoughts were likely to continue in a X pain continued to affect X quality of life. It was crucial that X receive other necessary components, which were not provided in individual therapy, to help obtain the tools needed to succeed and increase overall level of functioning. This program was composed of X team of professional that were specifically trained to address X needs (X), which were not met through X In X pain management program, X would receive the tools needed to remove or address both X barriers.

A Functional Capacity Evaluation was completed by X, X on X. The purpose of evaluation was to determine X overall musculoskeletal and functional abilities as it related to the physical demands. Material handling abilities revealed X was able to perform X pounds, X pounds, frequent X up to X pounds, X horizontal X pounds, and X carrying up to X pounds. X demonstrated the ability to perform within the Medium Physical Demand Category based on the definitions developed by US Department of Labor and outlined in the Dictionary of Occupational Tiles. X was able to work full time. During objective functional testing, X demonstrated consistent effort throughout X of this test which would suggest X put forth full and consistent biomechanical and evidence based effort during this evaluation. Throughout the objective functional testing, X reported reliable pain ratings X of the time which would

suggest that the pain could have been considered a limiting factor during functional testing.

An MRI of the X revealed no evidence of fracture. There was an element of X. At those levels, there was a X. At the X level, there was an X.

The treatment to date consisted of medications, X.

Per a utilization review / peer review dated X , a request for X pain management program, X sessions for X units for X denied by X, MD. Rationale: “Per ODG Pain (updated X)- X pain programs (functional restoration programs), X pain programs are recommended only when "Previous methods of treating X pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement.” In this case, the patient's recovery is noted to have been affected by X factors, but the patient has not had a trial of X therapy for pain. In addition, it was discussed on peer-to-peer with X, LPC that the patient had only had X sessions of X therapy over X weeks, with significant pain reduction. The patient would likely benefit from additional X. However, the patient has not exhausted other treatment options. Therefore, the requested X management program X sessions for X units for X is not medically necessary.”

Per a utilization review / peer review dated X, a request for X management program X sessions for X units for X was X by X, MD. Rationale: “The Official Disability Guidelines discusses principles of a referral to a X pain management program including a X pain management program. Before considering such as a program, the guidelines recommend that the patient has first exhausted first-line treatment options. The medical records in this case note that significant mental health symptoms have been identified although the patient has not

undergone any first-line office based or X health treatment. Such treatment would be strongly encouraged by the treatment guidelines both for the clinical benefit such treatment may directly provide and also potentially to help place the patient in an optimum situation to benefit from a multidisciplinary treatment program if that should be indicated in the future. Considering these factors overall, this request at this time is premature or not medically necessary. Therefore, the request should be non-certified."

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

This patient is under consideration for a chronic pain management program. The evaluation and recommendations have been reviewed, and this patient appears to be candidate for the program for control of XX and XX pain. However, a prior review identified that a complete course of PT has not been completed. The provider clarified that the patient had reached 90% of X PT goals and was discharged from PT. Another reviewer cited the lack of treatment of the patient's XX symptoms. This review is correct in that the patient demonstrated XX on the behavioral evaluation which could have been treated with various pharmaceutic agents. The report also identified a tendency toward XX and a XX XX XX reaction. Both of these findings would require outpatient treatment, and failure of such treatment, in order for a multidisciplinary intervention such as a chronic pain management program be indicated. Given the documentation available, the requested service(s) is considered not medically necessary at this time.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine
- ☐ AHRQ-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and Guidelines
- ☐ European Guidelines for Management of Chronic Low Back Pain
- ☐ Interqual Criteria
- ☑ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- ☐ Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☑ ODG-Official Disability Guidelines and Treatment Guidelines
- ☐ Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and 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)

Appeal Information

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.