



Medical Review Institute of America, Inc.  
America's External Review Network

DATE OF REVIEW: April 25, 2007

IRO Case #:

**Description of the services in dispute:**

1. Item in dispute is 20 sessions of pain management program.

**A description of the qualifications for each physician or other health care provider who reviewed the decision**

The physician providing this review is board certified in Anesthesiology and is a doctor of Osteopathy. The reviewer is currently an attending physician at a major medical center providing anesthesia and pain management services. The reviewer has participated in undergraduate and graduate research. The reviewer has been in active practice since 1988.

**Review Outcome**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

**Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.**

The item in dispute, 20 sessions of pain management program, is not medically necessary.

**Information provided to the IRO for review**

**Records from requestor:**

- Confirmation of Receipt of a Request for Review by and Independent Review Organization, 4/5/07
- Company Request for IRO, 4/5/07
- Request for Review by an Independent Review Organization, 3/2/07
- Letter, 1/25/07
- Letter, 2/26/07
- Notice of Case Assignment, 4/10/07
- Notice to Utilization Review Agent of Assignment, 4/10/07

- Requests for 20 sessions of daily chronic pain management program, 1/23/07, 2/19/07
- Pain and Recovery Clinic requests for Preauthorization, undated, 2/19/07
- Preauthorization request letters, 1/22/07, 2/6/07
- Mental Health Evaluation, 1/18/07
- Letter, 2/26/07

Records from Provider:

- Letter, MD, 4/13/07
- Letter requesting reconsideration, MD, 2/6/07
- Preauthorization Request letter, 1/22/07
- Mental Health Evaluation, 1/18/07

Records from Respondent:

- Work status report, 5/2/05, 7/15/05, 9/2/05, undated, 1/6/06, 2/13/06, 2/28/06, 3/30/06, 4/21/06, 5/19/06
- Confidential diagnostic interview, 12/6/04
- Initial Comprehensive Evaluation, 5/9/05
- Operative reports, 5/27/05, 7/15/05, 8/23/05, 2/3/06
- Follow-up notes, 7/11/05, 7/21/05, 9/14/05, 10/26/05, 11/23/05, 1/9/06, 1/16/06, 2/13/06
- Letter of dispute, 3/15/06
- Designated Doctor Evaluation, 4/5/06
- Initial Medical Report, 5/2/05
- Office visit notes, 5/16/05, 5/25/05, 6/1/05, 6/8/05, 6/13/05, 6/27/05, 7/18/05, 9/2/05, 9/26/05
- Medical reports, 11/22/05, 11/30/05, 12/14/05, 1/3/06, 1/16/06, 2/13/06, 2/28/06, 3/30/06, 4/21/06, 5/19/06, 3/2/06, 7/11/06, 8/22/06, 9/29/06,
- Letters from DC, 10/13/06, 1/11/07
- MRI spine report, 12/27/05
- Follow up Medical Reports, 3/5/07, 4/18/07

Patient clinical history [summary]

The patient is male with a date of injury that led to lumbar surgery. The patient has had PT, medications, injections, and some psych counselling, but is presently on no medications, is noted to have pain scores 6/10, be severely depressed and anxious by testing, and functionally limited although there is no FCE or PT evaluation done. A chronic pain program is requested.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

These programs are reasonable to return a patient to work, reduce medication reliance, and

improve overall physical and psychological status. He is on no medications so the need for a pain program is questionable. He has had no FCE or PT evaluation to document his current physical status or what is required of him. He is overtly depressed and anxious and any treatment in a situation such as this has little success due to underlying severe psychological issues. He has only tried one antidepressant and is on nothing now. Finally, he failed to benefit from PT or psych already, which are components of a pain program, so the likelihood more of the same treatment will help is minimal (even combined in a comprehensive setting).

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

Common practice among pain and osteopathic physicians.

ACOEM pg 113–116. ODG: Recommended where there is access to programs with proven successful outcomes. Also called Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy. While recommended, the research remains ongoing as to (1) what is considered the “gold–standard” content for treatment; (2) the group of patients that benefit most from this treatment; (3) the ideal timing of when to initiate treatment; (4) the intensity necessary for effective treatment; and (5) cost–effectiveness. Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met:

- (1) An adequate and thorough evaluation has been made.
- (2) Previous methods of treating the chronic pain have been unsuccessful.
- (3) The patient has a significant loss of ability to function independently resulting from the chronic pain.
- (4) The patient is not a candidate where surgery would clearly be warranted.
- (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change.

Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi–weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains.

Inpatient admissions for pain rehabilitation may be considered medically necessary only if there are significant medical complications meeting medical necessity criteria for acute inpatient hospitalization.