



DATE OF REVIEW:

04/06/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

CPT code 97799; chronic pain management program times twenty days/sessions.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Boarded in Professional Psychology and American Board Certified Professor of Neuropsychology

REVIEW OUTCOME

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

Overtuned (Disagree)

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.

CPT code 97799 for chronic pain management program times twenty days/sessions is medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 03/20/07
- MCMC: Referral dated 03/20/07
- DWC: Notice to MCMC, LLC of Case Assignment dated 03/19/07 from DWC: Facsimile Cover Sheet dated 03/19/07 with note from
- DWC: Notice of Assignment of Independent Review Organization dated 03/19/07 from
- Healthcare: Letter dated 03/19/07 from Pre-Authorization Manager
- United States Postal Service: Delivery Confirmation dated 03/19/07
- DWC: IRO Request Form dated 03/08/07
- LML009: Request For A Review By An Independent Review Organization dated 02/07/07
- Letter dated 01/31/07 from CI Rep
- Healthcare: Reconsideration: Chronic Pain Management Program Preauthorization Request dates 01/24/07, 12/26/06
- Healthcare: Reconsideration Request for 20 Days Chronic Pain Management Program dated 01/24/07 from MS, CRC, LPC
- Healthcare: Request for 20 Days Chronic Pain Management Program dated 12/26/06 from , MS, CRC, LPC
- Healthcare: Functional Capacity Evaluation dated 12/14/06 from PT
- Healthcare: Consultation dated 12/14/06 from Family Nurse Practitioner and M.D.

- Healthcare: Chronic Pain Management Interdisciplinary Plan & Goals of Treatment dated 12/14/06 from MS, LPC
- Healthcare: Referral signed 11/27/06
- Healthcare: Patient Face Sheet dated 10/23/06
- Healthcare: Initial Behavioral Medicine Evaluation dated 09/29/06 from MS, LPC
- M.D.: Report dated 07/27/06
- BHS: Operative Reports dated 04/19/06, 05/19/04 from M.D.
- M.D.: Operative Note dated 08/23/04 (pages two and three only)
- Center: Post myelogram CT scan of the lumbar spine dated 05/19/04, lumbar myelogram dated 05/19/04
- M.D.: EMG Report dated 02/19/04
- Open MRI: MRI lumbar spine dated 05/21/03
- Office Note dated 01/215/02 from M.D. (page two only)
- Imaging: MRI lumbosacral spine dated 10/11/01
- Undated memo
- Healthcare: Undated Interdisciplinary Treatment Modalities
- Healthcare: Undated article entitled, "Pain Rehabilitation Program Design"

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual sustained a compensable work injury while performing her duties as a medical record technician for Systems. She has since undergone multiple medically invasive and non-invasive procedures such as epidural steroid injections (ESIs), electromyograms (EMGs), and MRIs to try and diagnose her condition or reduce her pain and ameliorate her condition. She had a failed spinal surgery. She apparently suffers from failed back surgery syndrome. Failed back surgery syndrome (FBSS) is seen in 10-40 percent of injured individuals who undergo back surgery. It is characterized by intractable pain and varying degrees of functional incapacitation occurring after spine surgery. Many FBSS cases are referred for Chronic Pain Program (CPP) treatment.

By definition (IASP1986) she has developed chronic pain with accompanying depression and anxiety, confirmed by psychological testing. A Functional Capacity Exam (FCE) performed on 12/14/2006 demonstrated reduced physical capacity to perform normally. She is taking tablets daily to control her pain and related symptoms. In addition to previous physical therapy, she previously failed a work hardening program, as she was unable to achieve a required physical demand level (PDL) necessary to return to work (RTW). She completed additional individual behavioral intervention in an attempt to ameliorate her symptoms.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

If all medical interventions fail following an injury to the back and no additional medical approaches are available, literature suggests that multidisciplinary intervention for pain treatment is appropriate. This treatment should address several general issues (see references below):

1. The first deals with the underlying musculoskeletal problem that occurs after the injury. The program therapists can use appropriate modalities to help the injured individual understand

how they are increasing pain and anxiety-related behavior or factors that contribute to the experience of high levels of pain and/or anxiety.

2. The second deals with training the individual to increase awareness of the body and how to change behavior associated with chronic pain and other related issues such as anxiety and depression. The biological, psychological and social context of their problems and how they apply to pain levels are addressed.
3. The third deals with addressing conditions such as anxiety and depression that are secondary but result from the original injury.

Experience and guidelines suggest that such treatment be conducted in a multidisciplinary (preferably CARF certified) program. The protocols commonly used in a multidisciplinary chronic pain program to help with the injured individual's condition(s) are primarily chosen by what the therapist, injured individual, and/or the referral source see as the goal of the therapy. They are typically provided under medical supervision by a Pain Psychologist, Physical or Occupational Therapist, and ancillary staff. The Alta Vista program is a CARF certified facility and has these staff available as required.

The provided documentation reveals extensive medical treatment has been provided to this injured individual and has failed to ameliorate her pain. In such cases, published guidelines (see below) suggest that a multidisciplinary program emphasizing a biopsychosocial approach is appropriate. Extensive supportive documentation is provided below supporting this decision.

Economic analysis suggests such treatment is financially effective in lowering the medical and rehabilitation costs associated with treating such patients (1999) Published guidelines also suggest these programs are effective and necessary to assist the injured worker with complicated problems requiring multidisciplinary care. (e.g., see ACOEM Guidelines)

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

Handbook of Pain Syndromes. Mahwah, NJ: Lawrence Erlbaum Publishers, 1999-pages 77-97.

American College of Occupational and Environmental Medicine. *Occupational Medicine Practice Guidelines: Evaluation and Management of Common Health Problems and Functional Recovery in Workers*. Massachusetts: OEM Press, 2nd Edition, 2003.

Nielson, W.R. & Weir, R. (2001). "Biopsychosocial approaches to the treatment of chronic pain." *Clinical Journal of Pain*, 17(4 Suppl), S114-S127.

Roberts, A. H., R. A. Sternbach, et al. (1993). "Behavioral management of chronic pain and excess disability: long-term follow-up of an outpatient program." *Clin J Pain* 9(1): 41-8.

Flor, H., D. J. Behle, et al. (1993). "Assessment of pain-related cognitions in chronic pain patients." *Behav Res Ther* 31(1): 63-73.

Maloney, K et al. An overview of outcomes research and measurement. *J Health Care Quarterly*, 1999; Nov-Dec; 21(6):4-9.

Lambert MJ, editor. *Bergin and Garfield's handbook of psychotherapy and behavior change*. 5Th ed. John Wiley and Sons, New York. 2004

Gatchel, Robert J., *Clinical Essentials of Pain Management*, 2005, American Psychological Association.

Turk, D.C. & Gatchel, R.J. (Eds.). *Psychological Approaches to Pain Management: A Practitioner's Handbook, Second Edition*. New York: Guilford Press, 2002.