



DATE OF REVIEW:

04/25/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program for ten days/sessions (CPT code 97799-cp).

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

Board Certified Professional Psychology and American Board of Professional Neuropsychology

REVIEW OUTCOME

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

Overtured (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.

Chronic Pain Management Program for ten days/sessions (CPT code 97799-cp) is medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 04/11/07
- MCMC: Referral dated 04/11/07
- Health: Letter dated 04/11/07 from Pre-Authorization Manager
- United States Postal Service: Delivery Confirmation dated 04/11/07
- DWC: Notice to MCMC, LLC of Case Assignment dated 04/10/07 from
- DWC: Notice of Assignment of Independent Review Organization dated 04/10/07 from
- DWC: IRO Request Form dated 03/02/07
- LHL009: Request For a Review By An Independent Review Organization dated 02/20/07
- TPA for Corporation: Appeal Deny Letter/No Comp Issues dated 02/13/07 from LVN
- Health: Management Program Preauthorization Requests dated 02/05/07, 01/11/07
- Health: Reconsideration Request for Final 10 Days of Chronic Pain Management Program dated 02/05/07 from Ph.D
- TPA for Corporation: Denial by Phys Advisor dated 01/18/07 from LVN
- Health: Continuation Request for 10 Final Days of a Chronic Pain Management Program dated 01/11/07 from MS, CRC, LPC
- Health: Physical Therapy Re-Evaluation and Treatment Plan dated 01/10/07 from, PT

- D.O.: Follow Up Visit dated 01/02/07
- Medical Center: Chart notes dated 11/28/06, 04/24/06, 03/06/06, 01/19/06, 01/12/06 from M.D.
- Clinic: Report dated 10/30/06 from , D.C.
- Health: Behavioral Medicine Testing Results dated 10/26/06 from MS, LPC, LMFT and Ph.D
- Health: Chronic Pain Management Interdisciplinary Plan & Goals of Treatment dated 10/24/06 from P.T., Ph.D and MS, LPC, LMFT
- D.O.: History and Physical dated 10/24/06
- Health: Referral dated 10/16/06
- Health: Initial Behavioral Medicine Consultation dated 05/25/06 from Clinical Supervisor
- Clinic: Office notes dated 04/20/06, 04/10/06, 03/20/06, 03/02/06 from D. C.
- Clinic: Patient Face Sheet dated 03/27/06
- Medical Center: Report dated 12/12/05 (page 1 only)
- Imaging: MR left wrist dated 11/29/05, MR right wrist dated 11/29/05, MR right wrist dated 06/08/05
- Hospital: Operative Report dated 04/01/05 from M.D.
- M.D.: Page 2 of a report (no date)
- Medical Center: Operative Report (page 1 only – no date)
- Health: Undated articles entitled, “Interdisciplinary Pain Treatment Components”, “Chronic Pain Management Program Design”, “CPMP Day Treatment Design”

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual sustained a compensable work injury while performing her duties as a Department Manager. She was moving racks and fixtures when she pulled a tendon in her right upper extremity. She has since undergone multiple medically invasive and non-invasive procedures such as pain injections, electromyograms (EMGs), MRIs, et cetera to try and diagnose her condition or reduce her pain and ameliorate her condition. She completed a failed carpal tunnel release (CTR) surgery in 09/2004. She underwent a second CTR surgery on 04/01/2005. On 02/06/2006 she underwent a third surgery which included a partial carpectomy and fusion.

By definition (IASP, 1986) she has developed chronic pain with accompanying psychosocial distress, confirmed by psychological testing. A Functional Capacity Exam (FCE) performed by the program demonstrated reduced physical capacity to perform normally, but progression toward a level compatible with a return to work (RTW). Additional documentation provided by the attending physician (AP) suggests that the injured individual was making progressive improvement in the Chronic Pain Program (CPP), and needs additional care to restore her functional abilities for a RTW.

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

If all medical interventions fail following a work-related injury and no additional medical approaches are available, literature reviews and clinical experience suggest 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 pain program (MPP). 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 typically are provided under medical supervision by a Pain Psychologist, Physical or Occupational Therapist, and ancillary staff. Extensive medical treatment has been provided to this injured individual and has failed to ameliorate her pain. This has included multiple previous surgeries (carpal tunnel release). In such cases, published guidelines (see below) suggest that a multidisciplinary program emphasizing a biopsychosocial approach is appropriate.

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

ACOEM Guidelines regarding multidisciplinary chronic pain management. Please refer to page 115-115 in Chapter 6.

“Research suggests that multidisciplinary care is beneficial for most persons with chronic pain, and likely should be considered the treatment of choice for persons who are at risk for, or who have, chronic pain and disability. Multidisciplinary treatment was found to be superior to conventional physical therapy alone, had benefits that persisted over time and was beneficial in improving return to work and decreasing use of healthcare.”

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

ODG published guidelines:

<http://www.odg-twc.com/odgtwc/pain.htm#BEHAVIORALINTERVENTIONS>

ODG Guidelines suggest such treatment is recommended where there is access to programs with proven successful outcomes.

It has been suggested that interdisciplinary/multidisciplinary care models for treatment of chronic pain may be the most effective way to treat this condition. (Flor, 1992) (Gallagher, 1999) (Guzman, 2001) (Gross, 2005) (Sullivan, 2005) (Dysvik, 2005) (Airaksinen, 2006) (Schonstein, 2003) (Sanders, 2005)

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.