



AMMENDED REVIEW 12/17/07

DATE OF REVIEW: December 14, 2007

IRO Case #:

Description of the services in dispute:

20 sessions of Chronic 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. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the National Board of Medical Examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

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 requested 20 sessions of Chronic Pain Management Program are not medically necessary.

Information provided to the IRO for review

Records from the State:

Sent Fax Details screen

Confirmation of receipt of a request for a review by an independent review organization (IRO), 11/26/07

Company request for IRO, 11/26/07

Request for a review by an independent review organization, 11/26/07
Denial letters 10/24/07, 11/2/07
Notice to Medical Review Institute of America, Inc. of case assignment, 11/27/07

Records from the Provider:

Notice of Assignment of Independent Review Organization, 11/27/07
Mental Health Evaluation, 10/8/07
Pre-Authorization request, 10/18/07
Request for reconsideration, 10/26/07
Letter of medical necessity, 11/30/07

Records from:

Request for preauthorization and concurrent review per TWCC Adopted Rule 134.600.
Fax Coversheets, Clinic, 10/19/07, 10/29/07
IME report, 10/22/07
Report of Medical Evaluation, 10/22/07
Work Status Report, 10/22/07
Notice of Denial, 10/24/07

*ODG Guidelines were not submitted by the carrier.

Patient clinical history [summary]

The claimant is a lady who allegedly suffered a workplace injury. Subsequently she developed low back and neck pain. No physical findings were submitted. She has been treated with medications, physical therapy, cervical injections and a lumbar fusion. None of these treatments have adequately relieved her pain on an ongoing basis.

Twenty (20) sessions of chronic pain management are requested.

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

The claimant appears to satisfy the selection criteria listed below, which are considered by the ODG Guidelines to constitute an indication of medical necessity for a chronic pain program, except as noted below. The ODG Guidelines also list a series of conditions that are thought to be negative prognostic factors. Most pain patients will satisfy one or more of these; however, they are only prognostic factors, not disqualifying conditions. It is not clear how many of these must be present

to disqualify a patient from undergoing a chronic pain program. The Guidelines specify a maximum of 2 weeks (10 sessions) of treatment prior to review and demonstration of gains. The requested 20 sessions of treatment without an intervening re-evaluation, however, is not medically necessary according to the ODG Guidelines.

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

ODG Treatment Guideline Criteria for the general use of multidisciplinary pain management programs:

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.
- (3) 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.
- (6) 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.

ODG Treatment Guidelines – Pain. Encinitas, CA: Work Loss Data Institute, 2006.

McAllister M. et al. (2005). Effectiveness of a Multidisciplinary Chronic Pain Program for Treatment of refractory Patients with Complicated Chronic Pain Syndromes. Pain Physician 8: 369–73.

Patrick, et al. (2004). Long-term outcomes in multidisciplinary treatment of chronic low back pain: results of a 13-year follow-up. Spine 29: 850–5.

Skouen, et al. (2002). Relative cost-effectiveness of extensive and light multidisciplinary treatment programs versus treatment as usual for patients with chronic low back pain on long-term sick leave: randomized controlled study. *Spine* 27: 901-9; discussion 909-10.

Haldorsen, et al. (2002). Is there a right treatment for a particular patient group? Comparison of ordinary treatment, light multidisciplinary treatment, and extensive multidisciplinary treatment for long-term sick-listed employees with musculoskeletal pain. *Pain* 95: 49-63.

Guzman, et al. (2002). Multidisciplinary bio-psycho-social rehabilitation for chronic low back pain. *Cochrane Database Syst Rev* CD000963.

Turk (2001). Combining somatic and psychosocial treatment for chronic pain patients: perhaps 1 + 1 does = 3. *Clin J Pain* 17: 281-3.

Flor, et al. (1992). Efficacy of multidisciplinary pain treatment centers: a meta-analytic review. *Pain* 49: 221-30.

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