



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

DATE OF REVIEW: December 28, 2007

IRO Case #:

Description of the services in dispute:

Chronic Pain Management Program 5 times week for 2 weeks cervical (#97799)

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:

Overtured

Chronic Pain Management Program 5 times week for 2 weeks cervical (#97799) is medically necessary.

Information provided to the IRO for review

Notice to Medical Review Institute of America, Inc of case assignment

Confirmation of Receipt of a Request for a Review

Request for a Review by an Independent Review Organization

Denial Letters 10/29/07, 11/19/07

Notice to Utilization Review Agent of Assignment of Independent Review Organization 12/11/07

Precertification request 12/7/07

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Report of MRI of cervical spine 2/2/07
Evaluation Reports 9/26/07, 10/17/07
Letter of medical necessity 10/16/07
Evaluation Summary – Physical Performance Evaluation 10/17/07
Physical Performance Evaluation 10/17/07
Request for an Appeal 11/12/07

Patient clinical history [summary]

The claimant is a lady who allegedly suffered a workplace injury. Subsequently she developed pain in her right shoulder. Physical examination reveals slight diminution of cervical range of motion in all planes. She has undergone a C4–5 fusion, which worsened her pain, epidural steroid injections, and physical therapy including e–stim.

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

The ODG Treatment Guidelines recommend multidisciplinary pain management programs subject to the selection criteria listed below. According to the submitted medical record, the claimant meets these criteria. She has undergone a thorough psychological evaluation for suitability for the proposed program. She has undergone both invasive and conservative treatment which has been unsuccessful. Functional testing has rated her at a sedentary to light physical demand level when her pre–injury status appears to have been at a Light/Medium level required by her previous occupation. She does not appear to be a candidate for further surgery. She is also afflicted with severe anxiety and depression characteristic of PTSD. Based on these criteria, a 10 session trial of a multidisciplinary pain treatment program appears to be medically necessary according to the ODG Treatment Guidelines.

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

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.

(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.

(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 (Web edition). 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.