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Notice of Independent Review Decision

DATE OF REVIEW: 12-15-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program x 10 days / sessions

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

Certified by The American Board of Psychiatry

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS, CPT, NDC Codes	Service Units	Upheld/Overturn
		Prospective	722.2 847.2 724.4 729.1	97799	10	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Preauthorization Request Form (date 10-22-07) Chronic Pain Management Program

Request for 10 Days In A Chronic Pain Management Program dated 10-22-07 and 11-01-07

Interdisciplinary Pain Treatment Components

Chronic Pain Management Program Design/Treatment Design

Environmental Intervention – 90882 dated 10-25-07 and 11-07-07

Notice of Adverse Determination dated 10-26-07 and 11-08-07

Patient Face Sheet

Physician Referral for chronic pain management dated 08-29-07

Pain Management Evaluation (and Addendum) dated 06-29-07

Physical Therapy Evaluation and Treatment Plan dated 07-24-07

Consultation Report Date of Evaluation 07-24-07

Chronic Pain Management Interdisciplinary Plan & Goals of Treatment dated 07-24-07

Provider progress notes dated 08-29-07, 06-20-07, and 03-01-07

MRI Scan – Lumbar Spine dated 05-02-07

Review determinations (previous) dated 08-15-07 and 09-07-07

Criteria or Guideline Source: Work Loss Data Institute, Official Disability Guidelines (ODG) Guidelines, 2007; ODG Summary of Guidelines

PATIENT CLINICAL HISTORY:

This is a xx-year-old male who had a work related injury to his lumbar spine on xx/xx/xx. His treatment included diagnostic testing, conservative care, 8 weeks of work hardening program, injections, individual psychotherapy, medications, 30 sessions of chronic pain management program (CPMP) and return to work. The claimant's current diagnoses include Lumbar sprain/strain; Intervertebral disc disorder, site unspecified, without myelopathy; Thoracic or lumbosacral neuritis or radiculitis, unspecified; and Myalgia and myositis, unspecified. His medications include Zanaflex and Effexor.

The patient previously completed a pain management program 6 years ago. It was documented that he worked at least short periods 2002-2006 but was unable to sustain stable employment. The factors associated with lack of stable employment were not fully assessed other than descriptions of psychosocial

distress and depression. He was treated with medication management and active home therapy. An evaluation on 07-24-07 indicated that he was interested in obtaining pain medication. He was subsequently referred for further evaluations and CPMP was recommended.

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

The Reviewer commented that criteria for CPMP are 1) an adequate and thorough evaluation; 2) previous methods of treating the chronic pain have been successful; 3) the patient has a significant loss of ability to function independently; 4) patient is not a candidate for surgery or other treatment; 5) patient exhibits motivation to change and forgo secondary gains; 6) negative predictors of success have been addressed (ODG, 2007). The following variables have been found to be negative predictors of efficacy of treatment: poor work adjustment and high levels of psychosocial distress (ODG, 2007).

In this case, the factors related to his emotional and physical regressions are not fully addressed. The reasons for recommending this level of care are not fully supportive by the documentation. There is no mention of how negative predictors were addressed. Further the patient expresses a motive for pain medication management. There was no report of continued improvement from previous psychological interventions.

The Reviewer further noted that there is limited evidence to determine successful outcomes for prolonged pain complaints with the use of CPMPs. Long-term evidence suggests that the effects of these programs diminish over time (ODG, 2007, Budix, 1998).

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**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**

- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
(PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)