

IRO Express Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: 12/12/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management 5 days a week for 4 weeks

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

Reviewer is Board certified in Family Practice

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- ODG Guidelines
- Preauthorization review summary for Chronic pain management program dated 11/5/07
- Preauthorization review summary for Chronic pain management program dated 11/15/07.
- Center report, 5 pages-summarizing why patient needs pain management program. 11/5/07
- Center Program components summary (4 pages)
- Center report, 6 pages summarizing appeal for Chronic pain Management program. 11/19/07.
- Functional Capacity Evaluation of patient dated 10/25/07
- Initial Behavioral Medicine consultation 2/2/07
- Clinical note from Medical Center, 5/1/06, Dr.

PATIENT CLINICAL HISTORY [SUMMARY]:

This clinical summary is based on summary of Centers' appeals for authorization. Only one brief note was included from any of the providers the patient saw for the treatment of his injury and there were not any significant details to aid the reviewer in summarizing the clinical history.

Per the Injury clinic report, the patient sustained a work related injury on xx/xx/xx when he fell on his right shoulder during the course of his work. He was seen at the company's doctors' office on xx/xx/xx. X-rays and an MRI were done. The MRI showed a rotator cuff tear. Patient underwent surgical correction of the rotator cuff tear on 4/14/06. He reportedly was given home exercises post operatively. In 2/07, he was referred for evaluation at the injury treatment clinic where he subsequently received 12 sessions of psychotherapy "in an effort to resolve injury related mood disturbance over a long term basis, improve coping skills, and implement basic pain management techniques." He also was progressed to a work hardening program but was unable to achieve previous PDL of medium due to resistant pain and residual mood disorder. He completed an additional 6 sessions of individual psychotherapy to address these issues. Patient is now reportedly taking Alleve, Vicodin ES and Paxil for his pain and related psychological issues. Patient's pain is rated in the Low range on pain questionnaires done 10/25/07.

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

The item in dispute is an outpatient pain management program 5 times a week for 4 weeks. The issue of chronic pain management programs is addressed in the ODG guidelines. The issues to be addressed are whether this patient qualifies for a program at this time and what constitutes an "interdisciplinary program".

Outpatient programs are considered medically necessary if "(1) an adequate and thorough evaluation has been made, (2) previous methods of treating chronic pain have been unsuccessful (3) the patient has significant loss of ability to function independently resulting from the chronic pain (4) the patient is not a candidate where surgery would be clearly warranted (5) the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability to effect this change."

In this case, there was a Functional evaluation (10/07) and an Initial behavioral medicine consultation done (2/07). At the time of the Initial Behavioral evaluation, Beck depression and Anxiety inventories were reported but no follow up inventories were noted. The only other recent objective measure of patient's pain and dysfunction is a symptoms rating scale (1 to 10) that was done in 2/07 and 10/07 (this may be considered a subjective rating). Current ratings are in a mild range of pain. In the time between analyses there was a widely varied change in symptomatology with some symptoms increasing up to 200% and others decreasing up to 50%. His pain is mild at present time by subjective ratings. In the interval between ratings the patient reportedly had 18

psychotherapy sessions, received medications and underwent a work hardening program.

After a careful review of all medical records, The Reviewer's medical assessment is that the patient does not fit the criteria for a chronic pain management program. One could dispute if a thorough evaluation has been made as no reports from the patient's Orthopedist or primary care physician were provided. We also do not have any physical therapist input on patient's post surgery objective muscle deficits. With respect to whether all other methods of treating chronic pain have been unsuccessful, one would have to again ask whether there is a primary physician who has tried other pharmacological or non-pharmacological treatments for this patient. More importantly there is no indication that this patient had any formal physical therapy. (He was noted to have been given "home exercises by his surgeon". In addition, he had a work hardening program but did not progress to his moderate level of work; this may be related to not specifically having a complete physical therapy program first) One should first ensure a qualified therapist who takes care of rotator cuff surgical patients has assessed this patient's deficits and had the patient do a structured program to correct these and progress toward improved function. Lastly, there is no indication in the report of patient's motivation to change.

Even if one felt that the patient was a true candidate for a chronic pain management program, there are then the questions of what constitutes the "gold standard" for treatment, which patient will benefit, and what intensity should be done? This patient has already had some but not all parts of a chronic pain management program. He has been receiving care at the Center since 2/07. He has received 18 sessions of individual psychotherapy where he received cognitive behavioral therapy. His individual treatment goals included assessing and enhancing coping skills, improving problem solving skills with respect to stressors, reducing anxiety and sleep problems (via stress management techniques, muscle relaxation and guided imagery), and other cognitive behavioral goals. They also reportedly were to address occupational and physical functioning with respect to vocational plans and goals (all of this is listed in plan of initial psychotherapy). In addition to the psychotherapy the patient has also had a work hardening program. Both of these treatments were done at the Center now requesting an additional 20 visits.

One must question whether these additional days are not repeating part of the treatment the patient has already received. If he has already received parts of what could be considered part of an interdisciplinary chronic pain program, why did they not request the pain management prior to his 18 psychotherapy visits and work hardening? Why is there no indication of continuity of care with the primary physicians, surgeons, physical therapists that should have been caring for this patient while these treatments were ongoing? And finally, why is there such a divergence in his symptomatology score? This may not be the right treatment for this patient.

Therefore, the reviewer has to agree with the prior decision not to approve this chronic pain management program at this time. This patient may benefit from

further care; but the evidence to support approval of this chronic pain management program based on ODG guidelines has not been presented.

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)