

Independent Resolutions Inc.

An Independent Review Organization

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DATE OF REVIEW: 12/04/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Disputed service is Pain Management Treatment, 10 additional visits

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 Request for chronic pain management program from xxxxx to the Utilization review; written by Dr. on 9/13/07.

Mental Health Evaluation of patient by M.Ed, L.P.C., dated 8/30/07

Progress report Clinic, 10/1/07

Progress report xxxxxxxx, 10/22/07

Request for reconsideration from Dr. to Utilization review board, 10/31/07

Letter to IRO from Dr. 11/16/07

Letter to IRO from Attorney

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient sustained injury his lumbar spine and abdomen. The injury occurred xxxxxxxx. In addition to the spine injury, the patient developed anxiety, depression and posttraumatic stress disorder as a result of

this accident. Patient records for treatments prior to the requests for the Pain management clinic were not available. The preauthorization request indicates that the patient received medications, therapy, physical therapy, lumbar injections and surgery. Despite the treatments, the patient developed chronic pain with a secondary depression, anxiety and PTSD. After a complete psychological evaluation, a Chronic Pain management was recommended. The initial evaluation recommended/requested 20 sessions of a pain management program with additional sessions to be requested if the patient was compliant and appears to respond and benefit from the program. As part of the pain management program patient received Depression and Anxiety inventories prior to the program as well as at 8 and 17 days. His progress notes indicate slow but continued improvement subjectively and objectively. By the last clinic note, patient improvement had not yet reached a plateau. His global functioning was improving as were his Beck anxiety and depression inventories.

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

The patient and his doctor are requesting additional sessions in the chronic pain management program. The reviewer disagrees with the prior ruling and finds the additional sessions to be medically indicated or “health care reasonably required”.

The ODG guidelines outline that pain management programs are recommended but also state that the research is ongoing as to 1) what is considered the “gold standard” content for treatment; 2) the group of patients that benefit most from this treatment; 3) the ideal timing of when to initiate treatment; 4) the intensity necessary for effective treatment and 5) cost-effectiveness.

At this point in the patient’s care, it has already been determined that the Chronic pain management program is medically indicated. The length of treatment is what is of question. The ODG guidelines do not specify a maximum length of treatment in a program. They do say that “treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains”. If there is an efficacy, as demonstrated in this patient’s case, there is no specified length of treatment. The reviewer then has to go by “generally accepted standards of medical practice recognized in the medical community”. If a patient is continuing to improve with a treatment and the objective and subjective improvements have not yet reached a plateau, then there is a reasonable probability that further treatment will lead to further improvement.

In the case of this patient, there are additional factors that would lead one to believe that it might take longer than average to complete the goals and reach a plateau in improvement. These factors include the severity of the patient’s condition at the start of treatment as well as educational factors that might require more time to learn the skills needed to finish the program. His compliance and desire to get better are positive factors that contribute to his continued improvement.

One cannot discount the issue of cost-effectiveness of treatments. However, severe cases where the injury and related psychological issues have left the patient unable to work, the additional time and money spent in the program may be the difference between the patient remaining disabled or the patient gaining the skills and psychological healing needed to rejoin the work force.

The reviewer disagrees with the prior decision and the additional sessions of chronic pain management should be approved. There should be continued assessment of the patient's progress and a concerted effort to complete the needed goals in the remaining treatment as well as plan for a self maintenance program and follow up with his regular health care providers.

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)