



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

DATE OF REVIEW: July 11, 2007

IRO Case #:

Description of the services in dispute:

For #97799, chronic pain management program times 20 days/session.

A description of the qualifications for each physician or other health care provider who reviewed the decision:

The Psychologist who performed this review is licensed in Psychology by the state of Texas. This reviewer is a Diplomate of the American College of Forensic Examiners. This reviewer has been in active practice since 1976.

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:

Letter 5/30/07 3 pages

Letter 5/15/07 3 pages

Records:

Letter from Pre authorization manager 6/21/07 1 page

Notice of IRO assignment 6/21/07 1 page
Request for IRO 6/18/07 3 pages
Patient face sheet undated 1 page
Reconsideration request 6/8/07 1 page
Referral for chronic pain management 5/9/07 1 page
Letter from Dr. 6/8/07 1 page
Request for 20 days of chronic pain management 5/30/07 11 pages
Psychological testing results 5/29/07 3 pages
Reconsideration request 6/08/07 7 pages
PT evaluation and treatment plan 5/22/07 4 pages
History and physical 5/22/07 2 pages
CPM plan and goals 5/22/07 5 pages
medicine consult 2/9/07 5 pages
Follow up exam 2/14/07 1 page
Consult notes 5/8/07, 2/8/07, 1/23/07 3 pages
Procedure note 7/14/06 1 page
Imaging note 2/6/06 1 page
Letter 5/30/07 2 pages
Visit notes 5/15/06, 5/10/06, 4/28/06, 5/1/06, 5/3/06, 5/8/06, 5/9/06 14 pages
Records from the State:
Work status report 9/25/06 1 page
Visit note 9/25/06 1 page
Follow up note 8/3/06 2 pages
Pain management consult 2/21/06 3 pages
Visit notes 8/22/06 2 pages
Visit note 6/4/07 1 page
Work status report 6/5/07 1 page
FCE 5/1/07 13 pages
Report of medical evaluation 5/25/07 1 page
Impairment rating 5/18/07 4 pages
Report of medical evaluation 5/16/07 1 page
Patient progress note 2/10/07, 2/24/07, 3/10/07, 4/7/07 4 pages
Work status report 5/10/07 1 page
Visit note 4/11/07 1 page
Work status report 4/12/07 1 page
FCE 3/27/07 14 pages
Visit note 4/03/07 1 page
Insurance information 1 page
History and physical exam 1/23/07 3 pages

Work status report 1/23/07 1 page
Visit note 3/12/07 1 page
Work status report 3/12/07 1 page
Letter 3/7/07 6 pages
Visit note 2/28/07 1 page
FCE 2/20/07 12 pages
Lumbar discogram 2/6/07 2 pages
Patient registration form 2/6/07 1 page
Lumbar discogram 2/6/07 2 pages
CT of lumbar spine 2/6/07 2 pages
Visit note 2/15/07 1 page
Letter 2/19/07 5 pages
Letter 2/16/07 1 page
Work Status report 2/9/07 1 page
Follow up exam 2/14/07 1 page
Work status report 2/14/07 1 page
History and physical 1/23/07 3 pages
Review determination 1/9/07 2 pages
Work Status report 12/20/06 1 page
Visit note 4/27/06 3 pages
NCV study 2/13/06 8 pages
Letter 4/12/06 1 page
Visit 1/20/06 and 4/12/06 6 pages
Letter 4/3/06 1 page
Visit notes 5/15/06, 5/19/06, 5/10/06, 5/8/06, 5/9/06, 5/3/06 11 pages
Procedure note 3/17/06 1 page
Visit note 4/28/06, 4/27/06 4 pages
Letter 1 page
Follow up note 6/12/06 2 pages
Visit notes 4/27/06, 4/28/06 5 pages
Letter 7/7/06 1 page
Visit notes 2/8/06, 1/20/06 4 pages
Review determination 6/21/06 2 pages
Visit Notes 5/19/06 2 pages
Visit note 12/21/06 1 page
Review determination 12/07/06 2 pages
Visit note 10/30/06 and 11/27/06 2 pages
MRI scan of the lumbar spine 11/16/06 1 page
Review determination 11/9/06 2 pages

Work status report 10/30/06 1 page
Visit note 9/25/06 1 page
Work status report 9/25/06 1 page
Visit note 9/11/06 1 page
Visit note 5/5/06 2 pages
Review determination 4/22/06, 4/4/06, 3/3/06 3 pages

Patient clinical history [summary]:

The patient is a male who sustained an injury to the low back while hammering railroad nails with a 10lb sledgehammer. Treatment history has included rest, medications, activity modification, various passive modalities, active physical therapy and 20 sessions in a work hardening program. The patient was deemed not a surgical candidate. Current medications include tramadol and cyclobenzaprine. In 2/07 due to psychological factors impacting treatment the patient was evaluated psychologically and functionally. He was diagnosed with pain disorder with psychological factors and major depressive disorder. Functional capacity evaluation noted he was functioning at a light physical demand level. To safely return to work he was required to be at medium-heavy. Initial Beck depression inventory was 20 and Beck anxiety was 9. He was then recommended for participation in a work hardening program. He completed 20 sessions, however, is reported as having failed the program and not meeting treatment goals. He was noted to have reduced his pain and irritability. There were no changes in frustration levels or vocational status. Tension and anxiety also increased. Subsequently, in 5/07 he was seen for further evaluation and recommended for participation in a chronic pain management program. Further psychological testing to include MMPI revealed inconsistencies due to carelessness and inattention when answering. BHI did not endorse validity suggestive of random responding. It is not noted however that the patient had an interpreter or Spanish version of the test. Of note the patient is only Spanish speaking, this could account for some of the validity issues. Updated Beck depression and anxiety inventories were completed at the time of testing as well. Beck depression inventory was 17 and Beck anxiety is 14. On 5/30/07 a request for participation in a chronic pain management program was made. This was denied upon physicians review by Dr. noting lack of appropriate lower levels of care, inadequate psychological assessment to support diagnosis and made a recommendation for further evaluation and lower levels of care. Subsequently, a request for appeal was made. On 6/15/07 this was reviewed and denied by Dr.. He indicated he concluded with the initial reviewer and cited a peer review from 7/06 that made reference that treatment to date had been excessive and the program was not needed. A request for independent review by an independent review organization has been placed for medical necessity for 20 sessions in a chronic pain management program.

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

Medical necessity for participation in a chronic pain management program has not been established. The patient is noted to have failed a work hardening program and actually worsened after completion of the program. There is agreement with the initial and appeal reviewer's opinions that a trial of appropriate lower levels of care to include IPT and /or psychotropic medications was not attempted and is needed and that the patient has not adequately and thoroughly evaluated. Based on the documentation provided, objective and subjective findings this request is not medically necessary.

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

- The Official Disability Guidelines, Pain Chapter
- ACOEM Guidelines Chapter 6 Pain Suffering and the Restoration of Function p. 114
- Clinical practice guidelines for chronic non-malignant pain syndrome patient II: An evidence-based approach, J Back Musculoskeletal Rehabil 1999 Jan 1
- Sanders SH, Harden RN, Vicente PJ. Evidence-Based Clinical Practice Guidelines for Interdisciplinary Rehabilitation of Chronic Nonmalignant Pain Syndrome Patients. World Institute of Pain, Pain Practice, Volume 5, Issue 4, 2005 303-315.
- Stanos S, Houle TT. Multidisciplinary and interdisciplinary management of chronic pain. Phys Med Rehabil Clin N Am. 2006 May;17(2): 435-50, vii.