SIRO

Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 7/6/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The service in dispute is the prospective medical necessity of a course of 10 chronic pain management treatment sessions.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is board certified in Anesthesia and Pain Management with greater than 15 years of experience.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a course of 10 chronic pain management treatment sessions.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from, requesting doctor. and from treating doctor. The records consisted of a large number of records. The basic listing of records is as follows: letters to, appeal requests from, DWC 73 forms (various dates), evaluation, re-evaluation and Progress notes 2/13/07 through 6/12/07, 3/5/07 CT scan,. evaluation and appeal letter, PPE of 3/27/07, DWC 53, peer review by DO, peer review by DC and peer review by MD.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a gentleman who sustained a work related injury to his lower back. He is status post lumbar fusion. He has been treated with chiropractic sessions, physical therapy, six psychotherapy sessions, thoracic nerve blocks and a course of 20 sessions of work hardening. He has also been diagnosed via a CT scan.

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

Guzman et al conclude that an intensive multidisciplinary bio-psycho-social rehabilitation program with a functional restoration approach improves pain and function as measured by return to work rates. Lesser programs were not found to show improvements in clinically relevant outcomes. This patient has received 20 sessions of a work hardening program with minimal improvement in pain scores.

Sanders et al have indicated that there is an upper limit of 20 total treatment days in most cases for CPS patients. Exceptions to this rule should be on a focused, achievable goal that was near completion and could be reached in a very discrete time frame. This patient has made only limited progress after a work hardening program and there is no literature that supports instituting a chronic pain management program after a course of work hardening.

The ODG criteria are as follows: (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. The ODG indicates that ALL of the requirements must be met. This patient does not meet requirement number 5 as the report of 5/1/07 indicates that he has ‘mixed feelings about return to work’. Lastly, the Guidelines state “Recommended where there is access to programs with proven successful outcomes” There is no way to measure this with the documents provided by any party to the review.

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) Sanders et al, Evidence based clinical practice guideline for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients. Chattanooga (TN): Siskin Hospital for Physical Rehabilitation.**
  Guzman et al Multidisciplinary bio-psycho-social rehabilitation for chronic low back pain (Cochrane review) In: The Cochrane Library, Issue 3, 2004.
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**