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DATE OF REVIEW: JULY 5, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management - 10 sessions

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

Doctor of Psychology, licensed in the State of Texas

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)

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Chronic Pain Management – 10 sessions	97799	Upon approval	Adverse determination upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Record Description	Record Date
Office Visit / Evaluation – Dr. Healthcare Systems	04/12/06
Initial Office Visit – Dr.– Physical Medicine & Rehabilitation	7/10/06
Rehabilitation Office Visit – Dr.– Physical Medicine & Rehabilitation	7/26/06
Rehabilitation Office Visit – Dr.– Physical Medicine & Rehabilitation	8/16/06
Rehabilitation Office Visit – Dr.– Physical Medicine & Rehabilitation	9/19/06
Rehabilitation Office Visit – Dr.– Physical Medicine & Rehabilitation	10/12/06
Rehabilitation Office Visit – Dr.– Physical Medicine & Rehabilitation	11/3/06
Rehabilitation Office Visit – Dr.– Physical Medicine & Rehabilitation	11/21/06
Psychological Evaluation & Functional Capacity Evaluation –	03/27/07
UR request for CPM program –Healthcare Centers	04/05/07
Notice of UR findings - Adverse determination - Forte	04/13/07
Request for Appeal –Healthcare Centers	05/03/07
Notice of UR Appeal findings – Adverse determination -	05/10/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who suffered a work related head injury with cervical strain. The claimant was treated with conservative care and medications. Documentation indicates a pre-morbid psychiatric history with previous inpatient psychiatric hospitalization for depression and several years of psychiatric treatment prior to the work related injury. A neuropsychological assessment on 10/05/06 reported mild cognitive impairment. The evaluation noted no change or exasperation of her psychiatric symptoms as a result of the work related injury and recommended continued psychiatric treatment for her pre-morbid depression. A psychological evaluation on 3/27/07 indicated that the claimant was experiencing moderate depressive symptoms and severe symptoms of anxiety. The evaluation stated that in 2/07 the patient participated in several sessions of individual psychotherapy with no reported improvement in symptoms.

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

Based upon the evidence provided in ODG and other treatment guidelines for the treatment of chronic pain, this request is not medically necessary. Given the claimant's pre-morbid psychiatric condition, current cognitive impairment and the claimant's lack of functional improvement as a result of previous psychological interventions, the claimant is a poor candidate for a chronic pain management program. The requested treatment is likely to have no significant impact on her functional improvement. The information provided indicates the requested procedure is not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

This claimant has received intensive psychiatric treatment for a pre-morbid psychiatric condition (depression).

Guidelines recommend that a psychological evaluation should distinguish between conditions that are preexisting or work related (Work Loss Data Institute, ODG, Guidelines, Chapter 1, 2007). The evaluation does not adequately identify symptoms that were pre-existing or work related. The evaluation does not assess factors that contributed to the claimant's inability to benefit from recent psychological interventions. The guidelines recommend a thorough behavioral psychological assessment and to provide reasonable manifest explanation for the etiology and maintenance of the patient's clinical problems by the interdisciplinary team providing the requested treatment, before the necessity of a chronic pain management program can be determined (Work Loss Data Institute, ODG, Guidelines, Chapter 1, 2007; Sanders,S.et.al.Evidence-Based Clinical Practice Guidelines for Interdisciplinary Rehabilitation of Chronic Nonmalignant Pain Syndrome Patients. Pain Practice 5(4), 2005). Guidelines state that research has shown that negative predictors for successful completion of CPM programs include "high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability)" and "duration of pre-referral disability time" (Work Loss Data Institute, ODG, 2007). These factors are not addressed in the evaluation. Furthermore, cognitive deficits are reported but no recent assessment of these deficits is provided. There is no current or recent neuropsychological data to support the ability of the claimant to benefit from the requested treatment. ODG recommend an adequate and thorough evaluation before the appropriateness of a chronic pain management program can be determined (Work Loss Data Institute, ODG, 2007). Guidelines note criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (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 (Work Loss Data Institute, ODG, 2007). Based on the documentation provided, these criteria were not met.