



DATE OF REVIEW: June 4, 2007

IRO Case #:

**Description of the services in dispute:**

10 sessions of Chronic Pain Management Program

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

The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the National Board of Medical Examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

**Review Outcome**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Overtured

The request for 10 sessions of Chronic Pain Management Program is medically necessary.

**Information provided to the IRO for review**

Records from State:

MRI Standard Case Assignment Form

Notice of Case Assignment 5/23/07

Confirmation of receipt of a IRO review request 5/11/07

Company Request for IRO

Request Form, Request for a IRO 5/10/07

Print Notes 3/7/07, 3/6/07, 3/26/07, 4/16/07  
Denial letters 3/9/07, 3/27/07, 4/18/07, 5/8/07

Records from Provider:

Evaluation 2/27/07  
Pre-Authorization Request 3/2/07  
Concurrent Report 3/20/07 x2  
Request for Reconsideration 4/27/07  
Letter of medical necessity 5/24/07

Records from Other Provider:

Fax cover sheet 4/13/07  
Request for preauthorization and concurrent review per TWCC Adopted Rule 134.600 4/13/07  
Print Notes 4/27/07, 5/2/07, 5/7/07, 5/8/07

**Patient clinical history [summary]**

The claimant is a gentleman who allegedly suffered a workplace injury on xx/xx/xx. Subsequently he developed right knee and left elbow pain. An MRI examination of the right knee showed a medial meniscus tear. Surgery has been contraindicated by his weight and other medical considerations. He has undergone extensive physical and psychological rehabilitation, including 20 sessions of a chronic pain management program. He is reported to have been very motivated and has participated vigorously in the program. He has lost 30 pounds during the treatment.

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

The ODG Treatment Guidelines recommend the use of Chronic Pain Programs where there is access to programs with proven successful outcomes. The claimant has only one of the eight enumerated factors which are thought to predict failure of such a program. The ODG Guidelines do not suggest the optimal length of treatment. Given the disparity in program lengths and the lack of consensus recommendations of a maximum duration of treatment, the requested additional 10 sessions would appear medically necessary in view of the fact that the claimant apparently has made measurable progress in rehabilitation, but has not yet progressed far enough to allow him to resume his previous employment, or any reasonable alternative employment for which he would be or could likely become qualified. Furthermore, he appears to satisfy all of the ODG Guidelines' selection criteria as listed below.

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

ODG Selection Criteria for a Chronic Pain Program:

- (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.

Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains.

Official Disability Guidelines – Treatment, Web Edition. Encinitas, CA 2004. <http://www.odg-twc.com/odgtwc/pain.htm>.

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