

**IRO NOTICE OF DECISION – WC**

---

**DATE OF REVIEW:** 3/4/2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Authorization for 160 hours of outpatient participation in a chronic pain management program (97799)

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

Board Certified, with subspecialty in Pain Management

**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)

Injury Date	Claim #	Review Type	Requested Service	Determination
x/xx/xxxx	xxxxxxxxx	Preauth		Modified

A decision in support of and Out-Patient Interdisciplinary Pain Management Program for 40 hours is granted. Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be available upon request and at least on a bi-weekly basis during the course of the treatment program before additional determinations of medical necessity can be made.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Physician/Practitioner notes dated xx/xx/xx, 7/19/2006, 9/11/2006, 9/19/2006, 10/24/2006, 12/12/2006 (3 notes), 12/23/2006, 1/6/2007  
Diagnostic Reports dated 4/4/2006, 4/7/2006, 9/5/2006  
Procedure Notes of 5/22/2006, 6/5/2006, 6/19/2006

**IRO NOTICE OF DECISION – WC**

**March 13, 2007**

**Page 2**

Referral dated 11/14/2006

Request for 160 hours in a Chronic Pain Management Program dated 1/16/2007

Review Determination of 1/23/2007

Reconsideration Request for 160 hours in a Chronic Pain Management Program dated 2/9/2007

Review Determination of 2/14/2007

Notice of Assignment of Independent Review Organization dated 2/21/2007

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient sustained work-related injury to the lumbar spine, right knee and right foot on xx/xx/xxxx. Initial Emergency Room work-up included MRI, x-rays, and CT scan. Follow-up care included the use of electrical stimulation, application of ice or heat, massage, chiropractic adjustment, and physical therapy. EMG/NCV study and MRI were abnormal. Lumbar spine epidural injections were administered on 5/22, 6/5, and 6/19/2006, each of which were helpful for approximately 10 days. 6 sessions of individual psychotherapy were completed. Lumbar discogram on 9/5/2006 and discography findings indicated circumferential fissure present at L4-5 and were concordant with pain reported at L3-4, L4-5, & L5-S1 levels and nonconcordant with pain at L2-3. Surgical intervention recommended by specialty consultants was declined. Medications included Cyclobenzapine, Celebrex, Hydrocodone, Lortab, and Aleve.

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

1. Within the medical information made available for review, there is documentation of a Psychometric evaluation and interview which showed mild depression. This is not substantial by itself to warrant an interdisciplinary pain management program. The patient is working and could be treated on an outpatient basis for depression.
2. In addition, whereas the patient is currently working full time with restrictions, the job without restrictions requires a heavy physical demand level. However, the patient has structural anatomical changes that place the patient at further risk for re-injury if the patient returns to a heavy physical demand level. The patient was not a surgical candidate (patient decline surgical intervention). Thus, an interdisciplinary pain management program will not change the patient's risk profile for re-injury if the patient returns to a heavy physical demand level.
3. However, the patient does have chronic pain that has been unresponsive to several interventions over time including but not limited to pain medications, epidural steroid injections x3, physical therapy and cognitive behavioral therapy x6. There is clear evidence the Multidisciplinary Teams are effective in managing chronic back pain.

**IRO NOTICE OF DECISION – WC**

**March 13, 2007**

**Page 3**

4. The patient's goal for participation in such a program include but are not limited to an increase in the patient's dynamic and static strength levels in the lower extremities, increase current endurance levels, improve current body mechanics, improve ability to self manage pain and related problems, and to reduce subjective pain intensity. The patient remains at significant risk of re-injury due to poor tolerance, endurance, ergonomics and pain.
5. Psychologically, the patient remains also remains apprehensive about the ability to maintain the job due to difficulty completing job duties in association with pain and functional deficits. The patient would benefit from an interdisciplinary approach to pain management because of issues with self identity including pain and fear avoidance behavior.

The following references were cited by the Reviewer:

1. Flor, Fydrich, and Turk
2. "Results of a multidisciplinary pain management program: a 6-and 12-month follow-up study." Rehabil Nurs> 2005 Sep-Oct; 30(5):198-206
3. J Negat Results Biomed.;3:1. Joos et al
4. "Multidisciplinary treatment program for chronic low back pain" Saue et al's study
5. ODG: Tenth edition
6. "Psychological approaches in pain management: what works?" Curr Opin Anaesthesiol. 11(5):547-52
7. Based clinical practice guideline for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients. Chattanooga (TN): Siskin
8. Mastering Chronic Pain: A Professional's Guide to Behavioral Treatment. Ph.D., Professional Resource Press, Sarasota, FL 1996.
9. AECOM Practice Guidelines 2<sup>nd</sup> Edition (2004).

Behavioral treatment may be effective treatment for patient with chronic low back pain, but it is still unknown what type of patients benefit most from what type of behavioral treatment. Some studies provide evidence that intensive multidisciplinary bio-psycho-social rehabilitation with a functional restoration approach improves pain and function. Recent clinical trials concluded that patients with chronic low back pain who followed cognitive intervention and exercise programs improved significantly in muscle strength compared with patients who underwent lumbar fusion or placebo. Multidisciplinary bio-psycho-social rehabilitation has been shown in controlled studies to improve pain and function in patients with chronic back pain. It is unclear how to select who will benefit, what combinations are effective in individual cases, and how long treatment is beneficial, and if used, treatment should not exceed 2 weeks without demonstrated efficacy in subjective and objective gains.

**IRO NOTICE OF DECISION – WC**

**March 13, 2007**

**Page 4**

Therefore, based on an extensive review of the literature and determining relevant application to this patient, a decision in support of an Out-Patient Interdisciplinary Pain Management Program for 40 hours is granted.

Program evaluation should encompass goals and objectives that are achievable and end results that are measurable. Each program evaluation system should include objectives and measures for

1. productivity of patients (e.g., return to work)
2. health care utilization (e.g., reduction in physician visits)
3. activity level (e.g., increased walking and exercising)
4. medication usage (e.g., adherence to AMA guidelines for proper use of medications)
5. patient helpfulness ratings (e.g., above average ratings of helpfulness for all services rendered)
6. pain coping and emotional adjustment (e.g., decreased ratings on the Beck Depression Inventory before and after treatment)
7. medical findings (e.g., improvement in objective physical measures, such as range of motion)
8. socialization and activities of daily living (e.g., improved scores on the Sickness Impact Profile)

A program evaluation report should include primary objectives, measures time of measurement, source of information, and expectations as well as outcomes. Finally, program evaluation should help identify which services are most effective in the treatment of this chronic pain patient.

**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)**