



REVIEWER'S REPORT

DATE OF REVIEW: 03/27/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic behavioral pain management program times 10 additional sessions.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

Duly licensed physician in the State of Texas, D.O., DWC Approved Doctor List Level II

REVIEW OUTCOME:

"Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

Progress notes from chronic pain management program.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant was injured. He underwent L4 through S1 lateral fusion in 1997 followed by removal of instrumentation in 1999 and laminectomy, foraminotomy, and fasciectomy at L3, L4, and L5 in 2001. The claimant continued to have significant pain and apparently underwent at least 6 sessions of individual psychotherapy in July 2001. He continued to have significant pain thereafter.

In 2003 radiologic imaging studies demonstrated evidence of pseudoarthrosis at the previous fusion sites, confirmed in 2004, as well. The claimant completed 10 sessions of a chronic pain management program in November 2006 followed by an additional 10 sessions completed in mid-December 2006. After having completed 20 sessions, progress notes document the claimant having made mild, clinically insignificant improvement in strength, range of motion, ability to lift, and home exercises. In fact, the claimant's pain level actually increased from a level of 6/10 during the first week of the chronic pain management program to 7/10 after 4 weeks. His sleep duration also did not significantly increase, nor did his activity level.

A request was then submitted for an additional 10 sessions of the chronic pain management program. It was appropriately reviewed by a physician adviser who recommended non-approval based upon the opinion that “the claimant should be well versed in a comprehensive home program that allows for independent management of symptoms.” In an appeal letter the claimant was noted to have had a change in global functioning score from 60 to 64. The reason for additional sessions of the chronic pain management program was to “ensure gains made thus far are maintained,” with the rationale being that treatment was appropriate if it “cures or relieves the effects naturally resulting from the compensable injury” or “promotes recovery.” A second, different physician adviser reviewed the reconsideration request, stating that it was not medically reasonable and necessary, and that the claimant should be “independent with a home program at this point.”

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

After completing 20 sessions of her chronic pain management program, objective data indicates this claimant having made minimal to no significant clinical progress. His pain level actually increased despite 20 sessions of a chronic pain management program, and his global assessment of functioning improved approximately 6% to 7%, which is insignificant. Additionally, the claimant had previously undergone at least 6 sessions of individual psychotherapy.

Based upon the failure of individual psychotherapy to provide any significant relief and the clearly documented evidence of minimal to no clinically significant benefit after 20 sessions of a chronic pain management program, it is abundantly clear that this mode of treatment will not be and has not been successful for this claimant. To state that the reason for continuing the chronic pain management program is to “ensure that the gains made thus far are maintained” is, in my opinion, without merit, as the gains made thus far were minimal and certainly did not require ongoing chronic pain management sessions to maintain that minimal level.

Additionally, based upon the documentation of minimal to no clinically significant benefit, it is abundantly clear that this treatment is not curing or relieving the effects naturally resulting from the compensable injury or promoting any significant recovery of this claimant. In an excellent review article by Sanders, et al, in 1999 entitled “Clinical Practice Guidelines for Chronic Non-malignant Pain Syndrome Patients II: An Evidence-Based Approach,” the author points out that no more than 20 sessions of a chronic pain management program should be necessary for optimal results. The author terms these 20 treatments as “upper limit for definitive intervention.” The author states that unless there are extenuating circumstances, there is no medical reason or necessity for continuation of a chronic pain management program beyond 20 sessions nor any expectation that more than 20 sessions would provide greater benefit. There are clearly no such extenuating circumstances in this case. Therefore, for all the reasons discussed above, there is no medical reason or necessity for 10 additional sessions, nor any additional sessions of a chronic behavioral pain management program as related to the alleged work injury in 1996.

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

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)