

RYCO MedReview

DATE OF REVIEW: 05/03/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Twenty sessions of a chronic pain management program five times a week for four weeks

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

Board Certified in Psychology

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An evaluation with an unknown provider (no name or signature was available) dated 01/09/06

Evaluations with M.D. dated 02/13/06, 02/15/06, 03/08/06, 03/29/06, 04/03/06, 04/04/06, 04/07/06, 04/25/06, 05/22/06, 06/22/06, 06/26/06, and 07/19/06

TWCC-73 forms filed by M.D. dated 02/14/06, 04/20/06, 05/01/06, and 06/13/06

A physical therapy evaluation with M.P.T. dated 02/20/06

Physical therapy with Mr. dated 02/20/06, 02/24/06, 03/08/06, 03/10/06, 03/13/06, 03/14/06, 03/17/06, 03/21/06, 03/23/06, 03/24/06, 03/29/06, 05/03/06, 05/08/06, 05/10/06, 05/16/06, 05/22/06, and 05/24/06
Letters of non-authorization dated 03/07/06, 02/09/07, 03/15/07, and 03/29/07
An MRI of the lumbar spine interpreted by M.D. dated 04/03/06
An EMG/NCV study interpreted by Dr. dated 04/07/06
Evaluations with Dr. dated 04/14/06, 05/06/06, 06/17/06, and 07/16/06
A Designated Doctor Evaluation with M.D. dated 07/17/06
Evaluations with D.C. dated 08/28/06, 09/28/06, 10/31/06, 01/09/07, 02/12/07, and 03/05/07
Work conditioning with Dr. dated 09/11/06, 09/12/06, 09/13/06, 09/14/06, 09/15/06, 09/18/06, 09/19/06, 09/20/06, 09/21/06, 09/22/06, 09/25/06, 09/26/06, 09/27/06, 09/28/06, 09/29/06, 10/02/06, 10/03/06, 10/04/06, 10/05/06, and 10/06/06
A Functional Capacity Evaluation (FCE) with Dr. dated 10/10/06
A Utilization Review from D.C. dated 10/18/06
An evaluation with Ph.D., L.P.C. S. dated 01/09/07
A letter of authorization dated 02/15/07
Chronic pain management with M.A., L.P.C. dated 02/19/07, 02/20/07, 02/21/07, 02/22/07, and 02/23/07
Chronic pain management with Dr. dated 02/19/07, 02/20/07, 02/21/07, 02/23/07, 02/26/07, 02/27/07, 02/28/07, 03/01/07, and 03/02/07
Weekly progress notes with Dr. dated 02/23/07 and 03/02/07
Chronic pain management with M.A. dated 02/26/07, 02/27/07, and 02/28/07
An evaluation with M.D. dated 03/02/07
A request for services from Ms. dated 03/06/07
A request for reconsideration from D.C. dated 03/23/07
An Acknowledgement of Reconsideration Request from M.D. dated 03/26/07
A request for a medical dispute resolution from Dr. dated 04/17/07

PATIENT CLINICAL HISTORY [SUMMARY]:

On 02/13/06, Dr. prescribed Tylenol and Biofreeze. On 02/15/06, Dr. prescribed physical therapy. Physical therapy was performed with Mr. from 02/20/06 through 05/24/06 for a total of 17 sessions. An MRI of the lumbar spine interpreted by Dr. on 04/03/06 revealed degenerative changes. An EMG/NCV study interpreted by Dr. on 04/07/06 was unremarkable. On 06/22/06, Dr. placed the patient at Maximum Medical Improvement (MMI) with a 5% whole person impairment rating. On 07/17/06, Dr. also placed the patient at MMI with a 5% whole person impairment rating. Work conditioning was performed with Dr. from 09/11/06 through 10/06/06 for a total of 20 sessions. An FCE with Dr. on 10/10/06 revealed the patient was able to function in the sedentary physical demand level. On 01/09/07, Dr. requested a psychological evaluation. On 01/09/07, Dr. requested six sessions of individual therapy and 30 sessions of a chronic pain management program. On 02/09/07, wrote a letter of non-

authorization for individual therapy. On 02/15/07, wrote a letter of authorization for 10 sessions of a chronic pain management program only. Chronic pain management was performed with Ms. from 02/19/07 through 02/23/07 for a total of five sessions. Chronic pain management was also performed with Dr. from 02/19/07 through 03/02/07 for a total of nine sessions. On 03/02/07, Dr. ordered Diclofenac, Tylenol, Cyclobenzaprine, Ketoprofen cream, and a "doughnut" seat cushion. On 03/06/07, Dr. requested 20 sessions of a pain management program. On 03/15/07 and 03/29/07, wrote letters non-authorization for 20 sessions. On 03/23/07, Dr. wrote a request for reconsideration for the pain management program.

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

Based on the records and the medical and psychological evidence provided, the 20 requested sessions of a chronic pain management program five times a week for four weeks is reasonable and necessary. The requesting doctor provides appropriate literature citations establishing an adequate rationale for the continuation of a chronic pain program. "It is recommended they have a trial acceptance and be monitored closely for the first two to five treatment days. Their initial response, compliance, motivation, and understanding of goals can be assessed. If they demonstrate compliance and signs of any initial progress during this trial period, they can continue in the full interdisciplinary treatment with continued review to completion." (Clinical Practice Guidelines for Chronic Non-Malignant Pain Syndrome Patients II: An Evidence-Based Approach. Sanders, S, Harden, N. Benson, S, and Vicente, P. and Back Musculoskeletal Rehabilitation 1999 HAN 1; 13; 47-58). While there is limited objective data of physical progress (10 additional minutes in cardiovascular activity), the patient demonstrates compliance and motivation as evidenced by her consistent participation. Her continued avoidance of opioid medication despite an increase in daily activity demonstrates understanding of the goals of a chronic pain management program. Her pain score was reduced from 7-6 despite an increase in activity and avoidance of opioid medication. After a year of injury related pain focus, fear of reinjury, and resulting deconditioning as documented by the requesting doctor, the fact that the patient presented herself at a chronic pain program and consistently participating in daily physical activity is a demonstration of progress in itself. Per the ODG guidelines, "treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." The subjective gains were clearly established in the documented reduction of the patient's pain score and improved GAF. The objective gains were minimally established with the increase in cardiovascular activity and her daily participation and compliance. The efficacy of a 20 day treatment program is well documented in the National Clearinghouse Guidelines 1999 and the empirical literature noted in the journal of back and musculoskeletal rehabilitation, Jan. 1999, Volume 13, as well as the

Occupational Medicine Practice Guidelines, Second Edition from the American College of Occupational and Environmental Medicine (ACOEM). A chronic pain program is also recommended in the ODG. The results of an outcome study performed by Proctor, Mayer, Theodore, and Gatchel demonstrates that patients who are not provided a chronic pain program are seven times more likely to have post rehabilitation surgery in the same area and nearly seven times more likely to have more than 30 visits to a new health provider in persistent health care seeking efforts. The study also demonstrated that patients not provided with a chronic pain program had only have the rates of work return and work retention, being 9.7 times less likely to have returned to any type of work and seven times less likely to have retained work at the end of the year.

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)**

Clinical Practice Guidelines for Chronic Non-Malignant Pain Syndrome Patients
II: An Evidence-Based Approach. Sanders, S, Harden, N. Benson, S, and
Vicente, P. and Back Musculoskeletal Rehabilitation 1999 Jan 1st, Volume 13;
47-58.