

DATE OF REVIEW: 10/12/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic pain management program 5x4

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

Clinical psychologist

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

6-25-07 Initial neurological consult note- MD
6-25-07 Work tolerance screen- PT
6-25-07 Behavioral medicine evaluation report- LPC
6-28-07 Chronic pain management program case conference note
6-28-07 Interdisciplinary treatment plan
6-29-07 Denial letter by PhD
8-28-07 Denial letter by PhD
No ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured performing her job duties as a . She sustained injuries to her neck and back secondary to on-the-job slip and fall accident. The patient has been treated with conservative care, medications, and is s/p 3 microdissections of her lumbar spine and anterior cervical fusion. She is currently considered disabled, and receives social security disability income. She received a chronic pain management program in the past (date unknown),

which her physician states “she liked”, but there are no specific records regarding her progress in this program. Patient currently carries the following diagnoses: S/P surgeries x 4 and pain disorder associated with general medical condition and psychological factors. Axis II is deferred. The current request is for another CPMP, to run 20 days.

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

Although it is obvious that this patient has not been able, and/or motivated, to return to work, she has been given the appropriate supports and has failed these interventions, specifically, a prior attempt at chronic pain management program.

It is possible that the previous program was not CARF-accredited, or did not have the appropriate staff, knowledge, etc. to rehabilitate her properly. In addition, it does appear that the current requesting program is run according to CARF standards, is interdisciplinary in nature, and has professionals with excellent credentials.

However, if the best predictor of future behavior is past behavior, a failed first program is not a good prognostic indicator. This is especially the case with a patient who may have Axis II tendencies, positive Waddell’s signs, etc. Since none of these issues were addressed in the current report, medical necessity cannot be established for this patient at this time.

(See the following ODG treatment guidelines):

Psychological treatment: Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient’s pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following “stepped-care” approach to pain management that involves psychological intervention has been suggested:

Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention.

Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy.

Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also [Multi-disciplinary pain programs](#). See also [ODG Cognitive Behavioral Therapy \(CBT\) Guidelines](#) for low back problems. ([Otis, 2006](#)) ([Townsend, 2006](#)) ([Kerns, 2005](#)) ([Flor, 1992](#)) ([Morley, 1999](#)) ([Ostelo, 2005](#))

Psychological Screening: *Recommended as an option prior to surgery, or in cases with expectations of delayed recovery.*

MMPI: **Recommended to determine the existence of suspected psychological problems that are comorbid with chronic pain, to help to tailor treatment. Not recommended as an initial screening tool for all cases of chronic pain.**

Criteria for Use of the MMPI:

- (a) To determine the existence of psychological problems that are comorbid with chronic pain;
- (b) To help to pinpoint precise psychological maladjustment and help to tailor treatment;
- (c) To garner information that may help to develop rapport and enhance level of motivation;
- (d) To detect psychological problems not discussed in the clinical interview. One particular area that may be helpful is the use of the Addiction Acknowledgement Scale.

([McGrath, 1998](#)) ([Ruchinkas, 2000](#)) ([Slesinger, 2002](#)) ([Chapman, 1994](#)) ([Trief, 1983](#)) ([Arbisi, 2004](#)) ([Vendrig, 2000](#))

Aetna Clinical Policy Bulletins. Chronic Pain Programs Number 0237. Reviewed: May 5, 2006.

Aetna considers a screening examination medically necessary for members who are being considered for admission into a chronic pain program.

1. Outpatient Pain Management Programs

Aetna considers outpatient multidisciplinary pain management programs medically necessary when all of the following criteria are met:

- * Referral for entry has been made by the primary care physician/attending physician; and
- * Member has experienced chronic non-malignant pain (not cancer pain) for 6 months or more; and
- * The cause of the member's pain is unknown or attributable to a physical cause, i.e., not purely psychogenic in origin; and
- * Member has failed conventional methods of treatment; and
- * The member has undergone a mental health evaluation, and any primary psychiatric conditions have been treated, where indicated; and
- * Member's work or lifestyle has been significantly impaired due to chronic pain; and
- * If a surgical procedure or acute medical treatment is indicated, it has been performed prior to entry into the pain program.

Aetna considers entry into an outpatient multidisciplinary chronic pain program not medically necessary for members with any of the following contraindications:

- * The member is unable to understand and carry out instructions; or
- * The member exhibits aggressive and/or violent behavior; or
- * The member exhibits imminently suicidal tendencies; or
- * The member has unrealistic expectations of what can be accomplished from the program (i.e., member expects an immediate cure); or
- * The member is medically unstable (e.g., due to uncontrollable high blood pressure, unstable congestive heart failure, or other medical conditions); or
- * Member has previously failed an adequate multidisciplinary (e.g., Commission on Accreditation of Rehabilitation Facilities (CARF) accredited) chronic pain management program.

Pain is considered chronic if it results from a chronic pathological process, has recurred periodically over months or years, or persists longer than expected after an illness or injury. Typically, pain is considered chronic if it has persisted for 6 months or more.

Modality-oriented pain clinics and single disciplinary pain clinics are considered not medically necessary and inappropriate for comprehensive treatment of members with chronic pain.

Note: Dependence or addiction to narcotics or other controlled substances is frequently part of the presentation of a member with chronic pain. Issues surrounding addiction, detoxification must be considered and evaluated prior to enrollment of a member into a pain management program.

The Challenge of the Dramatically Disturbed Chronic Pain Patient. *The Pain Practitioner; Spring 2003, Vol (13) (1); pp. 5-7; Micheal Schatman, PhD*

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)