P-IRO Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Fax: 866-328-3894

DATE OF REVIEW: **10/08/07**

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)

The first two weeks are medically necessary. Disagree with 2 weeks.
The second two weeks are not medically necessary. Agree with 2 weeks.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

6-21-07	RME report by, MD
7-11-07	FCE summary report by PT
7-11-07	Health Re-evaluation by, LPC
7-13-07	Follow-up office note by, MD
5-4-07	Denial for CPM 5x4 by PhD
8-20-07	Discharge note by patient's surgeon, MD
8-30-07	Denial letter by PsyD
6-1-07	Request for IRO by LPC
	No ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a female who was injured performing her job duties as a. Patient was in the process of cleaning a room when she slipped and fell, experiencing immediate pain in her low back. She was given appropriate diagnostics and treated with appropriate conservative therapies, eventually receiving two

surgeries. Her first surgery was a L4-5 laminectomy and diskectomy in 1994. After hardware broke, her most recent surgery in 2006 with Dr. was an anterior lumbar interbody fusion and pedicle screw instrumentation at L4-L5 and posterior lumbar decompression with posterolateral fusion and pedicle screw instrumentation at L4-L5.

In addition to these two surgeries, patient has received physical therapy, individual psychotherapy, ESI, medical pain management, and work hardening program. Patient was doing okay until she re-injured when hardware in her back broke, necessitating the last surgery. She currently carries the following diagnoses: S/P back surgery x 2, R/O neuropathic pain syndrome, and MDD, recurrent.

The results of psychological testing show patient to be experiencing moderate depression and mild anxiety, moderate pain at 5/10, and psychosocial stressors that would be relieved by return to the workplace. FCE shows that patient is able to perform at the Sedentary PDL, but her job requires Light PDL. The current request is for CPMP 5x4.

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

Patient is greater than 6 months post her last surgery, and is still experiencing 5/10 levels of pain. RME by Churchill evaluator opined that patient will need ongoing support for her pain management. The patient meets ODG and ACOEM criteria for a chronic pain program.

Patient has a good support system and has been compliant with therapies in the past, although research shows that serially-administered therapies do little to functionally improve this type of patient.

The patient has had numerous adequate and independent evaluations, previous treatment methods have been unsuccessful, and she has a significant loss of ability to function independently resulting from the chronic pain. She has been discharged from her surgeon, and no further surgery is recommended. She appears to have both internal and external reasons to improve and return to work. However, treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. As such, only the first 10 sessions meet criteria for reasonableness and medical necessity (*see ODG pain section).*

See also: Patrick LE, Altmaier EM, Found EM. Long-term outcomes in multidisciplinary treatment of chronic low back pain: results of a 13-year follow-up. *Spine.* 2004 Apr 15;29(8):850-5.

Mayer TG, Gatchel RJ, Mayer H, Kishino ND, Keeley J, Mooney V. A prospective two-year study of functional restoration in industrial low back injury. An objective assessment procedure. *JAMA*. 1987 Oct 2;258(13):1763-7.

Sanders SH, Harden RN, Vicente PJ. Evidence-Based Clinical Practice Guidelines for Interdisciplinary Rehabilitation of Chronic Nonmalignant Pain Syndrome Patients. World Institute of Pain, *Pain Practice*, Volume 5, Issue 4, 2005 303–315.

Haldorsen EM, Grasdal AL, Skouen JS, Risa AE, Kronholm K, Ursin H. Is there a right treatment for a particular patient group? Comparison of ordinary treatment, light multidisciplinary treatment, and extensive multidisciplinary treatment for long-term sick-listed employees with musculoskeletal pain. *Pain.* 2002 Jan;95(1-2):49-63.

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)**