

Clear Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 30, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program x 20 Sessions (5x/week for 4 weeks)

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

Clinical psychologist; Member American Academy of 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 4/3/08, 3/7/08

Official Disability Guidelines

Healthcare Systems Letter, 3/24/08

Treatment Summary, 2/26/08

DC, 2/26/08

PhD, LCSW, 11/29/07

DC, 11/29/07

LPC, 3/1/08, 1/30/08

DO, 3/28/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained a work-related injury. Patient was performing his usual job duties as a xxx, when records indicate he began experiencing pain in his neck and back due to repetitive bouncing. Since the injury, patient has completed physical therapy, light duty assignment at work, and has gone back to work in his same job capacity for the same employer. Over the course of his treatment, records indicate patient has received cervical and lumbar MRI's, EMG/NCV, and has been treated conservatively with active and passive physical therapy, medication management, chiropractic adjustments, individual counseling x 6, and RTW program. Cervical MRI showed C3-4 and C4-5 4 mm bulges and 2 mm bulges at C5-T1. Lumbar MRI showed L5-S1 4mm disk bulge which mildly impinges thecal sac. EMG showed left C7 radiculopathy and L5 radiculopathy. Medications currently include Cymbalta only, per available records. During IT, patient had positive results noted in depression (BDI decreased from 28 to 19) but BAI remains at 29. Patient also had a previous RTW program, and now his FCE show that he tests above his required work PDL. This request is for 20 sessions of Chronic Pain Management Program.

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

The reviewer finds that Chronic Pain Management Program x 20 Sessions (5x/week for 4 weeks) is not medically necessary. Although the patient has positive diagnostics, he has responded well so far to his RTW programming and his IT sessions. Baseline physical functional testing is a requirement of a CPMP, in order to show progress toward MMI and to meet the goal of a RTW PDL or refer for re-training. The patient has already exceeded this goal, so therefore, under the guidelines, he does not qualify for a CPMP. In addition, the ODG criteria states that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains.

Criteria for the general use of multidisciplinary pain management programs: 2008

Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met:

(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note [functional improvement](#); (2) Previous methods of treating the chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted; (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed.

Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 sessions. ([Sanders, 2005](#)) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The patient should be at MMI at the conclusion.

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)**