

Independent Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: April 25, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 Days Chronic pain Management

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

Board Certified in Physical Medicine and Rehabilitation with a subspecialty in Pain Management, and Electrodiagnostic Medicine

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

OD Guidelines

Denial Letters 3/31/08 and 4/10/08

Ortho Group 8/28/08

OP Report 10/22/07

Pain Associates 12/10/07

1/8/08

3/19/08

Initial Behavioral Medicine Consultation 11/9/07

CPMP Request 3/28/08 and 4/10/08

Environmental Intervention 4/3/08 and 4/17/08

Physical Performance Eval 3/21/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This man fell off a ladder and sustained a laceration of the left elbow, with low back, chest and foot and leg injuries. He subsequently underwent a left ulnar nerve transposition on xx/xx/xx based upon findings of the NCSTAT (a device that is not widely accepted). He entered a work hardening program, and was not making progress. He was advised to enter 10 sessions of a pain management program. He apparently had some psychotherapy sessions. He is on Lyrica, a category IV controlled substance, and tramadol. He apparently has ongoing left upper extremity pain, back pain, and neck pain.

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

It would appear from the FCE and Dr. that he has ongoing neck, back and elbow pain. The specific requests for the pain program said he had pain, but did not describe where. The Reviewer could not determine from the records what the cause of the neck or back pain. He had not reached MMI after the work hardening program.

The ODG criteria state:

Chronic pain programs

Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. ...There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. ([Karjalainen, 2003](#))...

Predictors of success and failure...following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain....

Criteria for the general use of multidisciplinary pain management programs:

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.

Mr. , Ms, Dr. and Dr. address the questions about the predictors of success and failure. They describe a highly motivated individual. However, the Reviewer could not determine why the pain program is necessary after the psychotherapy and the physical therapy session. Dr. noted that he had displaced cervical discs and neck and low back pain and the forearm pain. MRIs can be overly sensitive to abnormal structures that are asymptomatic. However, the Reviewer could not determine from this material provided if the pain generators were identified and treated. Is the left upper extremity pain neuropathic from the prior transposition, or do to another local disorder? Is His low back pain and neck pain due to the facets? In short, the Reviewer is not sure that criteria 2 and therefore category 4 have been met. That is **“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; ... (4) The patient is not a candidate where surgery or other treatments would clearly be warranted;**

Therefore, without the above criteria met, the Chronic Pain Management Program is not medically necessary.

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)