

# True Decisions Inc.

An Independent Review Organization

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## **DATE OF REVIEW:**

04/30/08

## **IRO CASE #:**

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Chronic pain management program 8 hour days 5 x 4

## **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)

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female who sustained a work-related injury. Patient was performing her usual job duties as a , when records indicate she began experiencing pain in her right wrist, numbness and tingling in her second and third digits. She noted that this problem had been gradually worsening, and reported this to her supervisor. She was placed on light duty and given a wrist sprain diagnosis. She was unable to continue to work, and stopped working on 9/25/05. Patient was eventually diagnosed with carpal tunnel syndrome in addition to wrist sprain.

Over the course of her treatment, patient has received x-rays, MRI, EMG/NCV,

right wrist arthrogram on 8-17-07, and has been treated conservatively with active and passive physical therapy, medication management, chiropractic adjustments, TENS unit and was referred for a behavioral eval and reportedly then received individual counseling, with no overall improvement in her pain. Surgery has been recommended and denied by the carrier.

Designated doctor exam placed her at statutory MMI as of 7-1-07, giving her an 8% impairment rating based on a carpal tunnel/wrist sprain diagnosis. The right wrist arthrogram, done on 8-31-07, showed findings consistent with a focal triangular fibrocartilage tear of the TFC complex. Surgical intervention for this was denied by the carrier. Medications currently include Hydrocodone 7.5/500 mg tid, meloxicam 15 mg qd, and Zanaflex caps 4 mg tid.

At the time of the initial eval for CPMP, claimant was exhibiting the following symptoms: right wrist pain that is rated 7/10 by the patient, difficulty sleeping, and difficulty with overhead reaching/lifting, and ADL's . BDI score was in the severe range, and BAI score was in the mild range. Patient denies any history of pre-existing depression or ADL problems prior to the injury. Exam by MD, performed 1-30-08 showed right UE and right hand restrictions of ROM in all planes, which correlates with DD findings. Physical performance exam indicated that patient had a frequent PDL of sedentary to sedentary light. Patient is not currently working, but wishes to return to work and has expressed an interest in medical billing and coding. Current diagnoses include: right wrist carpal tunnel syndrome right wrist sprain, right forearm Myospasm, and pain disorder associated with both psychological factors and a general medical condition. This request is for a 20 day RTW chronic pain management program.

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

Patient has continued right wrist pain with an identified pain generator, and has received evaluations from a medical doctor, a psychologist, and her treating chiropractor, all of whom agree patient needs a CPMP. Previous methods of treating the pain have been unsuccessful, and patient is not a candidate for/has been denied, surgery. Patient appears to have followed all doctor recommendations to this point, and reports motivation to continue to follow recommendations that would improve her so she can go back to work. She has a significant loss of ability to function independently resulting from the chronic pain, both physical and behavioral, and there are no reported contraindications in the records available for review that have not been discussed with the patient. Therefore, the current request is deemed medically reasonable and necessary, per ODG criteria. Twenty days is generally established as meeting the minimum requirements for most patients, given that subjective and objective functional improvements are happening. Patient is not currently at clinical MMI, but should be at the end of the program.

ODG recommends CPMP for this type of patient, and ODG supports using the BDI and BAI, among other tests, to establish baselines for treatment. [Bruns D. Colorado Division of Workers' Compensation, Comprehensive Psychological Testing: Psychological Tests Commonly Used in the Assessment of Chronic Pain Patients. 2001.](#)

**See also:**

**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](#))

**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 conclusi

**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)**