

I-Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 11, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program x 20 Sessions

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

MD, Board Certified in Physical Medicine and Rehabilitation

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, 3/4/08, 3/20/08

ODG Guidelines and Treatment Guidelines

4/4/08

Ph.D, 3/25/08, 2/2/508, 3/4/08, 3/20/08

MA, LPC, 3/13/08

PT, 2/11/08

FCE, 1/31/08

DO, 1/5/08

CPMP Plan and Goals, 2/12/08

LPC, 8/8/07

MD, 8/10/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx year old man who was injured falling off a truck in xx/xx. He attempted to continue to work. He subsequently had a hemilaminectomy from L4 to S1. His post operative course was complicated by a Staph infection and subsequent paralysis. He reportedly developed paralysis after the surgery. The time frame is not clear. I could not determine to what extent he had paralysis and whether or not he had been in a therapy program afterwards. His medical work up showed arachnoiditis. This itself is seen in most if not all individuals with back surgery. It could also be related to any postoperative infection. He reportedly had become wheelchair bound. His radiological studies showed neuroforaminal compromise and postoperative degenerative changes. He could not have an MRI due to the interval placement of a pacemaker. An EMG showed chronic right sided S1 radiculopathy. His physical examinations showed a positive left sided straight leg raising. He had back pain without lower extremity pain on right sided straight leg raising. This study was compromised by his inability to get on an exam table. His current functional levels show limited ability to transfer and dress self due to pain and weakness. He can sit for less than 30 minutes when being driven.

He has several major comorbidities. These include his COPD and need for oxygen. He has cardiac disease. He smokes (although one report is 2 packs per day, another was less than 1 pack per day). He has diabetes. There is no comment of a diabetic neuropathy.

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 Session is not medically necessary.

It is unclear if the patient's paralysis is from inactivity from pain, or from actual damage at the time of surgery or from the infection. It is also unclear when the patient was confined to a wheelchair. The neurological examinations in the recent records do not describe significant nerve damage to cause paralysis.

The patient's explanation for his pain and location of his pain are unclear. He reportedly has back pain and lower extremity numbness. Arachnoiditis can follow spinal surgery. He obviously had a lot, but it is unclear if this is causing his bilateral numbness. The positive SLR is on one side and the emg radiculopathy is on the opposite side. It is unclear if the patient's neurological problems and pain are related to the initial back injury or if they are a result of the inactivity and diabetes.

It is also unclear from the records if this patient would be able to tolerate a pain program. The FCE results indicate that the examiner (Arlene Henderson) could not predict success: "The FCE results indicate that xx exerted his best effort in light of his disability and inactivity; therefore, we cannot predict success in a Chronic Pain Program..."

The patient has lowered aerobic capacity from inactivity as well as COPD. A program for people with COPD can improve stamina, but not necessarily reduce their Oxygen needs. The patient cannot sit in order to drive for more than 30 minutes. According to the medical records, the patient was only able to participate for 2 hours for the FCE. He can only walk about 20 feet and stand for 5 minutes or sit for 45 minutes. The reviewer

believes that the patient would have serious difficulty participating in a Chronic Pain Management Program given these limitations.

Besides the other factors listed above, the request for 20 sessions exceeds the recommendations in the ODG guidelines, which call for treatment not to exceed 2 weeks. (“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)