P-IRO Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: August 22, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Pain Management 5 x wk x 4 wks

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in 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
OD Guidelines
Denial Letters 7/10/08 and 7/18/08
Rehab 7/3/08
Rehab 7/17/08
3/6/08, 7/31/08
OP Report 12/12/07

PATIENT CLINICAL HISTORY [SUMMARY]:
This is a man who was injured on xx/xx/xx reportedly lifting a staircase. He underwent surgery on 12/12/07 consisted of a L5S1 discectomy, facetectomy and foraminotomy. He was not improving even after post operative ESIs, physical therapy, 20 sessions of work

hardening plus 3 session of behavioral counseling and 3 sessions of cognitive therapy for depression and anxiety.

Drs . wrote "Tester also observes that there are non-organic signs present interfering with proper rehabilitation efforts. ..(T)here is a definite possibilty of symptom exaggeration/magnification as a possible consequence of intervening psychosocial issues. The patient is clearly showing signals relative to anxiety, depression, agitation and a perceived failure to progress…
At this time it is my assessment that the patient is in fear of pain and increased pain relative to physical activity…" (7/13/08)

Dr. noted that he doubted that this man would "ever be able to return to work inhis full duty capacity as a welder…" Dr. felt he was not at MMI and advised additional therapy and vocational retraining. However, he wrote earlier on the same page that "He is at MMI and I will to re-evaluate him in the next three months." I presume in context the latter may be a typographical error.

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

This man has a diagnosis of a lumbar sprain which would be most likely incorrect with the back surgery (unless that latter was not indicated). He is not progressing. The findings described show a lot of psychological issues that were triggered by the work related injury. He had 20 sessions of work hardening. The ODG describes work hardening as a
"treatment (that) should not exceed 2 weeks without demonstrated efficacy (subjective and objective gains)… Work Hardening should be work simulation and not just therapeutic exercise, plus there should also be psychological support" The 20 session obviously exceed 2 weeks of work hardening. He did have some psychological support if the above sessions came during the work hardening program.

There is now a request for 20 sessions of a chronic pain program in addition to the prior 20 sessions of work hardening.

The ODG criteria includes an assessment of the man's motivation. The Reviewer is unclear of the motivation from the reports read. The Reviewer is also not clear of his "work adjustment and satisfaction and negative outlook." At the same time, the treatment is not to last "longer than 2 weeks without evidence of demonstrated efficacy…" He has had the two weeks to make a determination of efficacy, further he did not improve with work hardening. This (10 session) two week assessment is to be completed prior to any decision about 20 sessions. Since this has not been done, the Reviewer can not approve the 20 sessions requested.

There are no comments of any goal that would include any reduction of pain medication use.

The appeal noted that the treating professionals had seen this man, and the review panel had not. We are obligated to utilized the records from the treating professionals and compare to the criteria developed in evidence based medicine as in the ODG.

Chronic pain programs (functional restoration programs)
..Patients should also be **motivated to improve and return to work**, and meet the patient selection criteria outlined below…

Predictors of success and failure: As noted, one of the criticisms of interdisciplinary/multidisciplinary rehabilitation programs is the lack of an appropriate screening tool to help to determine who will most benefit from this treatment. Retrospective research has examined decreased rates of completion of functional restoration programs, and there is ongoing research to evaluate screening tools prior to entry. (Gatchel, 2006) The 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 full-day sessions** (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. The patient should be at MMI at the conclusion.

Although Dr. feels this man is not at MMI and that he is receiving additional therapies, the Reviewer is confined by the requirement to utilize the ODG. This states that pain programs treatment is limited to 2 weeks unless a reassessment confirms progress and the necessity for 2 additional weeks of treatment.

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)**