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DATE OF REVIEW: 08/04/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program x 80 hours

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

This case was reviewed by a Texas licensed PHD, specializing in Psychology. The physician advisor has the following additional qualifications, if applicable:

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Chronic Pain Management Program x 80 hours	97799	-	Upheld

PATIENT CLINICAL HISTORY (SUMMARY):

The claimant is a male who on xx/xx/xx suffered a work related back injury with lower extremity pain complaints. The request is for an IRO. Claimant's submission by Dr. The claimant was treated with conservative care, medications and injections. Documentation indicates that the claimant attended several sessions of individual psychotherapy and that the claimant is currently working. A psychological assessment on 08/29/02 reported moderate depressive symptoms. However, no current psychological evaluation of the claimant's psychological symptoms was submitted. The reviewers noted that the request for a chronic pain management program did not provide sufficient objective physical data, no objective assessment of physical functioning, no specific objectively measurable treatment goals and no treatment plan that was individualized for this claimant. The request was a chronic pain management program x 30.

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

This request did not provide: (1) an adequate, thorough and current evaluation of the claimant's psychological and physical symptoms (2) negative predictors of success were not address (3) no individualized treatment goals or individualized treatment plan were provided for the requested treatment and (4) the Program request is beyond recognized standards and guidelines. Based upon the evidence provided in ODG and other treatment guidelines for the treatment of chronic pain, this request for a chronic pain program x 30 is not medically necessary. Given the information provided, the claimant is a poor candidate for a chronic pain management program. The information provided for this review indicates the

requested procedure is not medically necessary.

The request is inconsistent with the requirements with the need for an "adequate and thorough evaluation" and that "negative predictors of success are addressed". These requirements were not addressed and are required for admission to a chronic pain rehabilitation program [Work Loss Data Institute. (2008). Pain. Official Disability Guidelines. Encinitas, CA].

"Total treatment duration [in a chronic pain management program] should generally not exceed 20 sessions. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." [Work Loss Data Institute. (2008). Pain. Official Disability Guidelines. Encinitas, CA: Author].

ODG- 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.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG:

Chapter 1