

# US Decisions, Inc.

*An Independent Review Organization*

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## Notice of Independent Review Decision

**DATE OF REVIEW: AUGUST 12, 2008**

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

80 Hours of Chronic Pain Management Program

### **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  
Subspecialty Board Certified in Pain Management  
Subspecialty Board Certified in Electrodiagnostic Medicine  
Residency Training PMR and ORTHOPAEDIC SURGERY

### **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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The reviewer finds that medical necessity exists for 80 hours of Chronic Pain Management Program.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters and Peer Reviews, 7/3/08, 7/17/08, 7/21/08, 7/8/08  
ODG Guidelines and Treatment Guidelines  
Clinic, 6/24/08, 7/7/08, 7/16/08, 7/18/08, 6/20/08, 8/28/07  
Patient Information Sheet  
FAE, 6/13/08  
DO, 3/21/08  
CT Spine Lumbar w Contrast, 4/23/08

Lumbar MRI, 4/23/08  
Peer Report, 10/12/07

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

This woman reportedly injured her back in xx/xx pulling cable. She felt a pop and developed back and right lower extremity pain. Her MRI showed a small central disc herniation at L5/S1. An EMG was reported negative for a radiculopathy in one note, but positive for a right sided L5 radiculopathy in another note. A CT myelogram failed to document any nerve root compressions. She had transient relief with 3 epidural injections. Her pain continued. Her neurological exam was normal. She had positive SLR at 15 degrees. She was on Ultram and hydrocodone as her sole medications when seen by Dr. and Mr. in March. Subsequent records show she is off Ambien, Lyrica, and hydrocodone, but remains on Neurotonin and methadone. She has had 20 session of a pain program. Her anxiety level worsened. Mr. felt it was a result of her dealing with vocational options. She wants to return to her prior job, but two FCEs showed that she is not able to meet the functional requirement. There is a request for an additional 80 hours of pain management with the goal to reduce her pain and methadone use, since her prior progress was slow. The requestors cite some functional improvement in depression, self care and physical activity. She was determined to be at MMI, although Dr. disagreed with this assessment.

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

The reviewer finds that medical necessity exists for 80 hours of Chronic Pain Management Program. There is no confirmation of the pain generator. She has no neurological loss to suggest a radiculopathy. The SLR at 15 degrees is at a level that does not tense the sciatic nerve roots. However, one cited goal of the treatment is to get the patient off Methadone. Another goal is to return her to her prior work. The patient appears to be considering an alternative and less demanding job. Her depression and pain only mildly improved with previous treatment, however the requestor feels she has not reached a plateau, and that further improvement would be anticipated with the additional treatment time that has been requested.

The ODG Guidelines permit treatment duration in excess of 20 sessions for CPMP where there is a "clear rationale for the specified extension and reasonable goals to be achieved."

The reasons offered by the provider for this extension are 1) her slow progress (related to non work related medical issues that were not discussed in detail), 2) her need to be off Methadone (that she had not been on before), and 3) improved employability and job capability.

In addition to meeting this rationale, the sections that deal with the use of controlled substances in the Texas Medical Practice (170) Act encourage treatments that would reduce dependency on controlled substances. The act states that alternative treatments should be considered. Section 170 of the Texas Medical Practice Act states that "therapies in addition to or instead of drug therapy, including physical therapy or psychological techniques" ought to be considered.

Based on the ODG and on this section of the Texas Medical Practice Act, the reviewer finds that the additional therapies to wean this patient from Methadone are considered

valid and necessary. The reviewer finds that medical necessity exists for 80 hours of Chronic Pain Management Program.

**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)