



Notice of Independent Review Decision

**DATE OF REVIEW:** 12/23/2008

**IRO CASE #:**

**NAME:**

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

Determine the appropriateness of the previously denied request for ten sessions of chronic pain management program.

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

A Texas licensed chiropractic physician.

**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 previously denied request for ten sessions chronic pain management program.

**PATIENT CLINICAL HISTORY (SUMMARY):**

**Age:** xx years old  
**Gender:** Female  
**Date of Injury:** xx/xx/xx.  
**Mechanism of Injury:** Lifting boxes filled with merchandise weighing 20-25 lbs.  
**Diagnosis:** Lumbar sprain, neuralgia, lumbar intervertebral disc (IVD) displacement without myelopathy, chronic pain disorder associate with both psychological features

and general medical condition and anxiety disorder.

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

This is a xx-year old female who sustained a work-related injury on xx/xx/xx, while working for repeatedly lifting boxes filled with merchandise weighing 20-25 pounds. The provided diagnoses include 847.2-lumbar sprain, 729.2-neuralgia, 722.10-lumbar IVD displacement without myelopathy, 307.89-chronic pain disorder associated with both psychological features and general medical condition and 300.0-anxiety disorder. The available information provided for this review indicates that the claimant is stated as a , a and a third is all for . Due to the contradictions with regard to job descriptions a call was placed to headquarters, in risk management who verifies a job description as who must be able to lift only up to 30 pounds. Ms also stated that her job as is not currently available, however they do have some type of position which she could return to". The 11/21/08 appeal letter from , LPC, with system documented that the claimant continues to rate her pain at 7/10 and presents with depression and anxiety as well as physical deficits (nonspecified) despite a course of work conditioning. Oddly an evaluation from Ms. dated 5/7/08 actually recommends a "work hardening" program, not "work conditioning". The claimant actually participated in work conditioning. Nevertheless on that date she complains of lower back pain which radiates bilaterally to her lower extremities with intermittent numbness in her left thigh and tingling in her left calf. The claimant is taking Advil or Motrin 8 tablets daily. On this date the pain is reported as average of 8-9/10 and present 100% of the time. The claimant is stated as a on this report. The claimant has 4 children ages 9, 6, 3 and 8 months. Her Global Assessment of Functioning (GAF) was 55, Beck Depression Inventory (BDI) is 17, Beck Anxiety Inventory (BAI) 20, positive psychological impact (PPI) was 5 and McGill pain was 27. Work hardening is recommended (not work conditioning). The actual work conditioning program weekly progress report indicates that the claimant only attended 4/5 sessions the first week and only 2/5 on the second week. The claimant was stated as a for and that her job was not available for her. The report from chiropractic provider , DC, at dated 10/24/08 actually lists the occupation as a

There is also contradictory information that the claimant had received "20 sessions of work conditioning 4 hrs/day" not 6/10 as described previously in the progress notes. She was taking OTC medications for pain. The claimant states her physical demand levels (PDL) as "medium" lifting up to 80 pounds occasionally, 40 pounds frequently and 15 pounds constantly. The grip strength test "show undetermined effort". The Rapid exchange grip test revealed that the test "indicate the patient has given invalid effort". The range of motion of the lumbar spine is flexion 57/60 degrees, extension 37/25 degrees, right lateral bending 31/25 degrees and left lateral bending 37/25 degrees. Showing near or above normal ranges of motion (ROM) without significant deficits. Dynamic lifting was tested at the "medium" duty level. The cardiovascular treadmill test indicated ability of "medium-heavy". Dr. recommends 10 sessions of a chronic pain management program. The report dated 10/28/08 from Ms. with indicates the claimant is a and does have a job to return to. The required lifting status is again stated as medium and that she is functioning at a light duty currently. This reviewer would like to point out that these findings indicate not only evidence of lack of effort (therefore a clouded evaluation of physical performance) but

indicate that condition wise, she is at medium heavy with medium duty dynamic lifting abilities (not light duty as indicated in the reports) and therefore is at her recommended work level of medium indicating lack of significant physical deficit exists on the majority of testing. The previous review performed on 11/3/08 and 12/2/08 identifies that the claimant has received two weeks of work conditioning and at least four sessions of an individual psychotherapy sessions. The primary provider is indicated as , DO, however there were no office notes from him.

There was no documentation from any provider which reflects that this claimant has been attempted at a return to work with modified duties in a position which can be made available to the claimant according to Ms. on 12/16/08. The current request is to determine the medical necessity for ten sessions of a chronic pain management program. The medical necessity for this request is not established. The first reference is to the "Texas Department of Insurance and DWC rules and regulations. Texas Labor Code 408.021 and specific commission rule TWCC 134.1001 (C) (1) (A) states: *The employee is specifically entitled to healthcare that: (1) Cures or relieves the effects naturally resulting from the compensable injury (2) Promotes recovery OR; (3) Enhances the ability of the injured worker to return to or retain employment*". Since the claimant does have a job to return to and they are willing to accommodate her, then there is no issue of retaining employment in some capacity at this company. Please note that this claimant has been non-compliant with previous attendance in the work conditioning program with only 6 of 10 sessions attended. Therefore, given she has been afforded a reasonable amount of work conditioning and at least 4 individual psychotherapy sessions as indicated in previous reviews, there does not appear to be evidence of documented lasting benefits or reasonable curative effects. Additionally specific reference to support this adverse determination was found in the ODG, Treatment index 6th edition (web) regarding chronic pain program criteria found at <http://www.odgtwc.com/odgtwc/pain.htm#Chronicpainprograms>. The reference indicates that, *"Workers that have not returned to work by two years continuously post injury (without intermittent RTW and/or modified duty) may not benefit, so these cases should be reviewed carefully, and earlier intervention is recommended. The probability of returning to work for those out over two years may be less than 1%, when looking at all of workers' comp, no matter what treatment is used"*. Included in this reference are the criteria for the general use of multidisciplinary pain management programs. It states that *"Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met": (1) Patient with a chronic pain syndrome, with pain that persists beyond three months including three or more of the following: (a) Use of prescription drugs beyond the recommended duration and/or abuse of or dependence on prescription drugs or other substances; Please note this criteria is not met since she is only taking OTC for her pain. (b) Excessive dependence on health-care providers, spouse, or family. There is no evidence of this criteria being met.; (c) Secondary physical deconditioning due to disuse and/or fear-avoidance of physical activity due to pain. The claimant does not meet these criteria as her treadmill conditioning test tested out at "medium heavy". (d) Withdrawal from social know-how, including work, recreation, or other social contacts. This criteria is not indicated in the documentation. ; (e) Failure to restore preinjury function after a period of disability such that the physical capacity is insufficient to pursue work, family, or recreational needs; (f) Development of psychosocial sequelae after the initial incident, including anxiety, fear-avoidance, depression or nonorganic illness behaviors; (g) The diagnosis is not primarily a personality disorder or psychological condition without a physical component; (2) The patient has a significant loss of ability to function*

*independently resulting from the chronic pain. The claimant does not meet this criteria within the documentation.; (3) 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;(4) The patient is not a candidate for further diagnostics, injections or other invasive procedure candidate, surgery or other treatments including therapy that would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) An adequate and thorough multidisciplinary evaluation has been made, including pertinent diagnostic testing to rule out treatable physical conditions, baseline functional and psychological testing so follow-up with the same test can note functional and psychological improvement; 6) The patient exhibits motivation to change, and is willing to decrease opiate dependence and forgo secondary gains, including disability payments to effect this change;(7) Negative predictors of success above have been addressed; (8) See above for limited prognosis due to delayed use of multidisciplinary pain management programs.” Since the claimant does not meet all of the criteria outlined above, then this request is not considered medically necessary and the determination is to uphold the denial.*

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
  - Official Disability Guidelines, (ODG), Treatment Index, 6<sup>th</sup> Edition, 2008, Chronic pain management.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).