

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx-year-old female who sustained a neck and bilateral upper extremity wrist injuries on xx/xx/xx. She works as a and her job demand level is described as medium. An assessment for chronic pain management program was made in October and November of 2008. She is status post bilateral carpal tunnel release performed on 07/24/2007 and 12/07. A behavioral evaluation was performed which indicated mild depression with a Beck Depression Index of 11 and mild anxiety with a Beck Anxiety Index of 16. She has not had any lower levels of psychological counseling or individual psych sessions.

There is a comment that she is on pain medication and other prescription medication, however this does not appear to be consistent throughout the medical record. She is currently functioning at a light/medium demand level, limited specifically in lifting and caring with her hands. A current GAF score is 65.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS. FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

There is documentation and discussions with the previous utilization review physicians and the treating doctor, Dr. , that he would initially like to request a work hardening program for her rather than a chronic pain management since her psychological features are not significant. However, this was apparently denied so a chronic pain management program was requested in lieu of this. After reviewing the submitted documentation from the treating doctor and from the insurance carrier as well as a review of the ODG treatment of worker's compensation criteria for entry into a chronic pain management program, I find that she does not meet criteria for this at this time. Specifically she fails criteria 1 (a-g) 2, and 8.

ODG treatment of worker's compensation and treatment of pain update v. 12/03/2008 notes the following:

"Criteria for the general use of a multi-disciplinary pain management program. Outpatient pain rehabilitation programs may be considered medical necessary when all of the following criteria are met:

1. Patient with a chronic pain syndrome with pain that persists beyond 3 months including 3 or more of the following:
 - a. Use of prescription drugs beyond the recommended duration and/or abuse of and/or abuse of or dependence on prescription drugs or other substances.
 - b. Excessive dependence on healthcare provider, spouse, or family.
 - c. Secondary physical deconditioning due to disuse and/or fear/avoidance of physical activity due to pain.
 - d. Withdrawal from social know how including work, recreational, or other social contacts.
 - e. Failure to restore pre-injury function after treating the disability such that the physical capacity is insufficient to peruse work, family, or recreational needs.

- f. Development of psychosocial sequela after the initial incident including anxiety, fear, avoidance, depression, or non-organic 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.
- 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 procedures, surgeries, or other treatments including therapy that would be clearly warranted.
- 5. An adequate and thorough multidisciplinary evaluation has been made including diagnostic tests to rule out treatable conditions based on functional and psychological testing for follow-up with the same functional and psychological improvement.
- 6. The patient exhibits motivation to change and is willing to decrease opiate dependence and forego secondary gains including disability payments to affect this change.
- 7. Negative predictors of success have been addressed.
- 8. The worker must be no more than 2 years past the date of injury. Workers that have not returned to work by 2 years post-injury may not benefit.
- 9. Treatment is not suggested for longer than 2 weeks, but evidence of compliance and significant demonstrated efficacy is documented by subjective and objective gain.
- 10. Total treatment duration should generally not exceed 20 full-day sessions or the equivalent in part-based sessions if required by part time work, transportation, child care, or comorbidity.
- 11. The conclusion and subsequently need for re-enrolment in the repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury."

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES