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Notice of Independent Review Decision

DATE OF REVIEW: 12/29/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program, five times weekly for four weeks

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

Licensed in Occupational Medicine and Allergy Toxicology

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.

Chronic Pain Management Program, five times weekly for four weeks - Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Examination Evaluation, , M.D., 05/04/06, 06/12/06, 08/07/06, 09/18/06
- Examination Evaluation, , M.D., 04/06/07, 05/01/07, 06/01/07, 08/10/07, 09/04/07
- Mental Health Evaluation, , M.Ed., L.P.C., 10/30/08
- Pre-Authorization Request, , M.D., 11/05/08, 12/10/08

- Request for Reconsideration, Dr. , 11/17/08
- Notice of Assignment of IRO, 12/09/08
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient sustained an injury to her neck and low back on xx/xx/xx. She has been treated with physical therapy, medication, two injections in her lower back, one injection in her right ankle, a work hardening program and a brief course of individual psychotherapy. Her most recent medications were noted to be Darvocet, Lyrica, and Cymbalta, while also using Lidocaine patches.

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

We are dealing with an individual with several areas of pain. According to the Official Disability Guidelines, utilizing of chronic pain management program for cervical pain is not efficacious and has been shown not to be useful. For low back pain, there is a place for interdisciplinary programs prior to the development of permanent disability. This may be a period of no later than three to six months after a disabling injury according to Robinson, 2004, and Gatchell, 2003. This is not the same as traditional palliative care. According to Bookner, 2007, multidisciplinary treatment strategies are effective for patients with chronic low back pain in all stages of chronicity and should not only be given to those with lower grades of chronic low back pain, according to the results of prospective longitudinal clinical study reported in the 12/15/07 issue of Spine. The treatment duration should not exceed twenty full day sessions or the equivalent in part-day sessions if required by part-time work, transportation, or comorbidities, according to Sanders 2005. That is basically what is being requested here, twenty sessions. At the conclusion and subsequently, neither re-enrollment in nor repetition of the same or similar rehabilitative program is medically warranted for the same condition or injury. The criteria for the general use of multidisciplinary pain management indicates that the patient should have a chronic pain syndrome with the pain that persists beyond three months, including three or more of the following: (a) the use of prescription drugs beyond a recommended duration or abuse of or dependence on prescription drugs or substances; (b) excessive dependence on healthcare providers, spouse, or family; (c) secondary physical deconditioning due to disuse or fear avoidance of physical activity due to pain; (d) withdrawal from social knowhow including work, recreation, or other social contact; (e) failure to restore pre-injury 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 behavior; (g) the diagnosis is not primarily a personality disorder or psychological condition without a physical condition. Also, criteria includes the patient having significant loss of the ability to function independently resulting from the chronic pain, and previous methods of treating the chronic pain have been unsuccessful, and there is an absence of other options likely to resolve in significant clinical improvement. The patient is not a candidate for further diagnostic, injection, or

invasive procedure candidate, surgery, or treatment including other therapy that would clearly be warranted. An adequate and thorough multidisciplinary evaluation has been made and includes pertinent diagnostic testing to rule out treatable physical disorders, baseline functional and psychologic testing so that followup with the same test can note functional and psychological improvement. Also, the patient exhibits motivation to change and willingness to decrease opiate dependency and forego secondary gains, including disability payments to affect this change. The negative predictors of success above have been addressed. These programs may be used for both short term and long term disabled patients. The treatment is not suggested for longer than two weeks without evidence of compliance, and the significant demonstrated efficacy documented subjective and objective gains, but the patient may get worse before they get better. Furthermore, there is a loss of employment greater than 4 weeks.

Note, there are also predictors of success and failure that are relevant in this case. The following variables have been found to be negative predictors of efficacy of treatment with the program as well as negative predictors of completion of the program: (1) a negative relationship with the employer or supervisor; (2) poor work adjustment and satisfaction; (3) negative outlook about future employment; (4) high levels of psychosocial distress; (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; (9) pretreatment levels of pain. This criteria as according to ODG with multiple references of Lipton 2001, Bendix 1998, McGeary 2006, McGeary 2004, and Gatchell 2005.

Over two years have passed since this patient's injury occurred. According to ODG, the probability of returning to work for those out over two years may be less than 1% if such patients are not offered quality, comprehensive interdisciplinary functional restoration programming. This case is confounded by the fact that she has high levels of psychosocial distress as verified by psychometric testing, involvement with chronic use of medications including mild opioid use, high pre-level treatments of pain, and has a markedly prolonged duration of pre-referral disability time. It is unclear whether any of these other negative variables are present or not from the chart.

Thus, the ODG is not concise about an individual with chronic low back pain that over two years later is requested to have twenty treatments of multidisciplinary treatment. She has a significant amount of negative predictors, with only an approximate 10% chance of program benefit, but the ODG Guidelines lean toward the implementation of the multidisciplinary program anyway.

Note, though the patient has significant psychological problems, she also has a verified left L5 radiculopathy. We are dealing with someone who may have symptom magnification but also has organic pathology.

Therefore, the recommendation should be authorized.

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)**