

SENT VIA EMAIL OR FAX ON
Dec/02/2008

Independent Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (817) 549-0311
Email: rm@independentresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

Amended December 3, 2008
Date of Notice of Decision: Dec/02/2008

DATE OF REVIEW:
Dec/02/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual Counseling 1 X 4

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

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
Denial Letters 9/8/08 and 10/17/08
Records from Health Care 1/3/08 thru 9/22/08
Mental Health & Behavioral Health Consult 8/4/08
Sleep Worksheet 7/28/08
Medical Records Dr.
MRI Cervical Spine 12/28/07

Records from Medical Advantage 2/27/08 thru 11/3/08
MRI's 12/20/06
Electrodiagnostic Results 12/7/07 and 3/5/07

PATIENT CLINICAL HISTORY SUMMARY

This man was injured on XX/XX/XX in an altercation with a 400 pound coworker. He had several areas of pain. He underwent a left rotator cuff repair in July 2007. He has received cervical injections for facet degeneration and cervical stenosis. He entered a chronic pain program where his sleep improved from 3 to 4 hours, and his depression and anxiety improved. He reportedly has ongoing pain. Dr. (9/8/08) remarked that he completed 20 sessions of a chronic pain program, but required an additional 10 sessions with the goal of reducing his pain medication use further. He only had a mild reduction in both pain and opiate medication use. Yet the request is for 4 additional counseling sessions. These 4 sessions were requested to stabilize his depression, anxiety and coping skills. He is on Meloxicam, Celexa, Flexeril and hydrocodone. He has no job, but wants to return to work.

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

The ODG recognizes the need for the psychological support and treatment of pain. It is in the section on Behavioral interventions and Psychological treatment. This is included in the chronic pain program. There are fewer sessions in the behavioral intervention and psychology programs. The issue is that someone is supposed to be at MMI at completion of the pain program and not need additional treatment. Yet the ODG recognizes that many people will need 20 sessions. The request for the 10 additional chronic pain sessions or 4 counseling sessions is to reduce his use of pain medications further. The ODG cites the needs for the pain management sessions, which include counseling to be limited to 20 sessions, unless specific needs are cited for additional treatment. The Reviewer did not see where such a unique situation was described.

Behavioral intervention

Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See the Low Back Chapter, "Behavioral treatment", and the Stress/Mental Chapter. See also Multi-disciplinary pain programs

ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ)

Initial therapy for these "at risk" patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT

Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone

- Initial trial of 3-4 psychotherapy visits over 2 week
- With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)...

Psychological treatment

Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders

(such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following “stepped-care” approach to pain management that involves psychological intervention has been suggested:

Chronic pain programs (functional restoration programs

Recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. Also called Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical & occupational therapy (including an active exercise component as opposed to passive modalities)....

There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. ...

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:...

(9) Treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. ...

(10) Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). ...

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)