

Notice of Independent Review Decision

DATE OF REVIEW:

01/25/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ten sessions of chronic behavioral pain management program.

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

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.

Ten sessions of chronic behavioral pain management program is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 01/09/08
- MCMC Referral dated 01/09/08
- Independent Review Organization Summary dated 01/10/08 (first page only)
- Claims Management: Letter dated 01/10/08 from IRO Coordinator
- DWC: Notice To MCMC, LLC Of Case Assignment dated 01/09/08
- DWC: Notice Of Assignment Of Independent Review Organization dated 01/09/08
- DWC: Confirmation Of Receipt Of A Request For A Review dated 01/08/08
- Administrative Services Supervisor: Memo dated 01/08/08
- Direct: Review Determination letters dated 12/28/07, 11/29/07
- LHL009: Request For A Review By An Independent Review Organization dated 12/23/07
- Rehabilitation Center: Request For An Appeal dated 12/10/07 from LPC
- Rehabilitation Center: Letter dated 11/23/07 from LPC
- Rehabilitation Center: Physical Performance Exam dated 11/19/07 from D.C.
- Treatment Summary dated 11/14/07
- Work harding/conditioning Daily Logs dated 09/17/07 through 11/15/07
- Imaging: Procedure Notes dated 11/12/07, 10/24/07, 09/17/07 from D.O.
- Imaging: Procedure/Recovery Room Notes dated 11/12/07, 10/24/07
- Imaging: Procedure Charge Sheets dated 11/12/07, 10/24/07, 09/17/07
- Imaging: Follow-Up note dated 11/07/07
- Daily Program Progress and Symptom Reports dated 09/11/07 through 11/14/07

- Health Systems: Daily Progress & Therapy Notes dated 11/02/07
- Work Hardening Program: Psychology Progress Note, Group Therapy dated 11/08/07, 10/30/07, 09/20/07, 09/12/07
- Healthcare Systems: Evaluation dated 10/25/07 from MS, LPC
- Rehabilitation Center: Physical Performance Evaluation dated 10/19/07
- Page 2 of a letter dated 10/15/07
- Rehabilitation Center: Progress Notes dated 09/07/07 (two) from M.A., LPC
- Management Program notes for week of 09/04/07 (week 2, days 1 through 5)
- Chronic Pain Management Center: Work Hardening Weekly Progress Notes for week of 09/03/07 to 09/07/07
- Job Simulation Activity Form for week of 09/03/07
- Neurodiagnostics: Electrodiagnostic Studies dated 08/22/07 from DC
- Imaging: Consultation dated 08/15/07 from D.O.
- P.A.: Report dated 07/26/07 from M.D.
- Rehabilitation Center: Functional Abilities Evaluations dated 07/19/07, 06/28/07 from D.C.
- Rehabilitation Center: Initial Diagnostic Screening dated 07/02/07 from MA, LPC
- Imaging: MRI lumbar spine dated 06/28/07
- Office Visit notes dated 06/26/07 through 07/03/07 from D.O.
- DWC-73: Work Status Reports dated 06/19/07 through 12/17/07 from D.C.
- OSHA's Form 301: Injuries and Illnesses Incident Report signed 06/19/07
- D.O.: Initial Comprehensive Exam dated 06/19/07
- Hospital: Emergency Nursing Record
- Hospital: Emergency Physician Record
- Hospital: Patient Discharge Instructions
- Hospital: Radiology Report from M.D.
- Worker's Compensation Request For Medical Care
- DWC Form-1: Employers First Report of Injury Or Illness
- WMP-82 Associate Statement-Workers Compensation
- Rehabilitative Systems: Daily Progress & Therapy Notes dated 11/02/??
- Hospital: E.D. X-ray Preliminary Report (undated)
- Undated ODG guidelines – Chronic Pain/Functional Restoration Programs
- Wrist/Hand therapy notes (dates and most of forms not legible – 5 pages)
- Multi-Hip Adduction notes (dates and forms not legible – 5 pages)

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male with injury. The MRI showed degenerative disc disease (DDD), facet hypertrophy, and bulges. He had physical therapy (PT) and three epidural steroid injections (ESIs) with no relief. He is on ibuprofen only. He tested twice for psychiatric issues and Beck Depression Index (BDI) was 9 then 7; Beck Anxiety Index (BAI) was 5 then 12. His performance evaluations noted his job was heavy duty and he was at medium before and after all his treatment. He had twenty work conditioning sessions as well with no improvement and was noted during this time to ask to leave early at times, to question why, he needed to do certain tasks, etc. After this he had a pain program eval that noted BDI was 18, BAI 24. There is no mention of his prior much lower scores or

why he should have tripled in scoring. There is also no treatment directed at these scores such as medication management or psychotherapy. Instead, a chronic pain program is suggested.

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

The injured individual is a male with an injury. The injured individual had ESI, PT, and work conditioning. He is on ibuprofen only. His job requires heavy capability and he tested at medium before and after his treatment. He tested low for BDI (9 then 7) and BAI (5 then 12) until a pain program was recommended when his scores are listed as 18 and 24 respectively. The injured individual has not tried psychotherapy or psychiatric medication so is not a candidate for a chronic pain program, which is intended as an end stage treatment. If the scores are not accurate, then the injured individual has negligible levels of depression and anxiety based on his prior scores and is on only ibuprofen so there is minimal support for a chronic pain program, which is designed to address medication reliance and psychological issues; this injured individual has neither. Finally, prior reviews indicated he can return to a meaningful and financially stable work position at his current medium duty capacity so there would be no need for further rehabilitations. For all these reasons, a chronic pain program is not warranted.

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: American College of Occupational and Environmental Medicine 2004 pg 113-116.

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES 2007:

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:

(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) 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; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted; (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed.

Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 sessions. (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The patient should be at MMI at the conclusion.

Inpatient pain rehabilitation programs: These programs typically consist of more intensive functional rehabilitation and medical care than their outpatient counterparts. They may be appropriate for



patients who: (1) don't have the minimal functional capacity to participate effectively in an outpatient program; (2) have medical conditions that require more intensive oversight; (3) are receiving large amounts of medications necessitating medication weaning or detoxification; or (4) have complex medical or psychological diagnosis that benefit from more intensive observation and/or additional consultation during the rehabilitation process. (Keel, 1998) (Kool, 2005) (Buchner, 2006) (Kool, 2007) As with outpatient pain rehabilitation programs, the most effective programs combine intensive, daily biopsychosocial rehabilitation with a functional restoration approach. (BlueCross BlueShield, 2004) (Aetna, 2006) See Functional restoration programs.