



Notice of Independent Review Decision

PORT

DATE OF REVIEW: 1/23/08

Amended Date: 02/04/08

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for 10 sessions of chronic behavioral pain management program.

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

Texas Licensed Chiropractor.

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 10 sessions of chronic behavioral pain management program.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Confirmation of Receipt of a Request for a Review by an Independent Review Organization dated 1/8/08.
- Request for a Review by an Independent Review Organization dated 12/24/07.
- Notice to CompPartners, Inc. of Case Assignment dated 1/10/08.
- Notice of Assignment of Independent Review Organization dated 1/10/08.
- Evaluation dated 12/4/07, 10/1/07, 9/6/07, 8/9/07, 5/23/07, 5/2/07, 4/23/07, 4/9/07, 3/7/07, 2/7/07, 11/15/06, 1/3/06.
- Physical Performance Evaluation dated 10/22/07, 10/1/07.
- General Information dated 10/22/07.
- Evaluation Summary – Physical Performance Evaluation dated 10/22/07, 10/1/07.
- Interdisciplinary Pain Rehabilitation Program dated 11/19/07, 11/16/07, 11/15/07, 11/14/07, 11/12/07, 11/8/07, 11/7/07, 11/5/07.
- Treatment Plan/Quality of Care dated 11/13/07.
- Weekly Summary Physical dated 11/13/07.
- Weekly Summary dated 11/13/07.
- Daily Log dated 10/26/07, 10/25/07, 10/24/07, 10/23/07, 10/22/07, 10/19/07, 10/18/07, 10/17/07, 10/16/07.
- Chronic Pain Treatment dated 10/26/07, 10/25/07, 10/24/07, 10/23/07, 10/22/07, 10/19/07, 10/18/07, 10/17/07, 10/16/07.
- Weekly Summary Medical dated 10/26/07, 10/23/07, 10/18/07.
- Letter Addressing Dispute of Pre-Authorization dated 1/11/08.
- Work Status Report dated 12/4/07, 11/1/07, 10/1/07, 9/9/07, 8/9/07, 7/30/07, 6/25/07, 5/23/07, 5/2/07, 4/23/07, 4/19/07, 4/9/07, 3/7/07, 2/7/07, 1/24/07, 10/2/06, 8/30/06, 8/23/06, 8/16/06, 7/26/06 (unspecified date).
- Office Visit dated 11/21/07, 11/15/07, 11/6/07, 11/1/07.
- Psychology Progress Note Biofeedback dated 11/16/07, 11/7/07.
- Psychology Progress Note Group Therapy dated 11/16/07, 11/12/07, 10/22/07
- Mental and Behavioral Health Consultation and Progress Note dated 11/22/07, 11/12/07.
- Mental and Behavioral Health Consultation and Progress Note Chronic Pain Program dated 11/12/07, 10/22/07.
- Authorization Request dated 12/19/07, 11/28/07.
- Independent Review Organization Summary dated 1/11/08.
- Employers First Report of Injury or Illness xx/xx/xx.
- Notice to Disputed Issue dated 2/8/07.
- Associate Statement dated 7/17/06.
- Work Release Form dated 7/16/06.
- Physician Activity Status Report dated 7/18/06.
- Report of Medical Evaluation dated 8/2/06.
- Narrative History Evaluation dated 8/2/06.

- Transcription Notes dated 8/10/07, 8/1/07, 7/27/07, 6/8/07, 3/1/07, 1/26/07, 1/24/07, 12/11/07, 11/30/06, 10/18/0, 9/27/06, 9/14/06, 9/7/06, 8/31/06, 8/28/06, 8/21/06, 8/8/06, 8/2/06, 7/31/06, 7/24/06, 7/20/06, 7/18/06.
- Right Shoulder MRI dated 9/11/06.
- Patient Note dated 10/25/07, 10/30/06, 10/2/06.
- Operative Report dated 5/17/07, 11/9/06.
- Right Shoulder Procedure dated 11/9/06.
- History and Physical General dated 11/9/06.
- Intraoperative Record dated 11/9/06.
- Physical Therapy Initial Upper Extremity Evaluation dated 11/9/06.
- Physician's Order dated 11/9/06.
- Post Arthroscopy Order dated 11/9/06.
- Post-Operative Evaluation dated 11/10/06.
- History and Physical/Immediate Post-Op-Note/Discharge Summary dated 5/17/07.
- Self-Assessment of Function dated 10/1/07.
- Functional Capacity Evaluation dated 10/1/07.
- New Patient Report dated 10/17/07.
- Patient Re-Visit dated 10/25/07.
- Radiographic Studies dated 10/30/07.
- Right Shoulder Arthrogram dated 11/9/07.
- Right Shoulder Post Arthrogram MRI scans dated 11/9/07.
- Follow-Up dated 12/18/07, 12/4/07, 11/13/07, 7/12/06.
- Medical Records Reviewed Report dated 12/13/07.
- Consultation Letter dated 12/21/07.
- Right Shoulder MRI dated 4/30/07.
- Pre-Op Orders dated 11/9/06.
- Post Anesthesia (unspecified date).
- Range of Motion dated 10/1/07, 8/8/07 (unspecified date).
- Electrodiagnostic Study dated 4/12/07.
- Unknown form.
- Articles (unspecified date).

- **Guidelines provided by the URA:**
 - Chronic Pain/Functional Restoration Programs
 - Commonwealth of Massachusetts Department of Industrial Accidents: Treatment Guideline 27 – Chronic Pain Syndrome (1998)
 - National Clearinghouse Guidelines
 - National Clearinghouse Guidelines: Guideline for the Evaluation and Treatment of Injured Workers with Psychiatric Conditions (2004)
 - National Guideline Clearinghouse: Behavioral Counseling in Primary Care to Promote Physical Activity: Recommendations and Rationale (2002)

- ODG Guidelines
- ACOEM Physician Guidelines for dealing with Potentially Chronic or Chronic Injuries
- Clinical Practice Guidelines for Chronic Non-Malignant Pain Syndrome Patients II: An Evidence-Based Approach, Sanders, S.H., Harden, N., Benson, S.E., Vincente, P.J. Journal of Back and Musculoskeletal Rehabilitation, 1999, January 1:13:47-58

- Robinson, J.P., Fulton-Kehoe, D., Franklin, G.M., Wu, Rae. Multidisciplinary Pain Center Outcomes in Washington State Workers' Compensation. Journal of Occupational and Environmental Medicine (2004) 46;5:473-478 (28 references)
- Keefe, F.J., Block, A.R., Williams, R.B., Surwit R.S. Behavioral Treatment of Chronic Low Back Pain: Clinical Outcome and Individual Differences in Pain Relief. (1981) Pain 11:221-231. (17 references)
- Maruta, T., Malinchoc, M., Offord, K.P. Colligan, R.C. Status of Patients with Chronic Pain 13 Years After Treatment in a Pain Management Center (1998) Pain 74:199-204. (28 references)
- Painter, J.R. Seres, J.L., Newman, R.I. Assessing Benefits of the Pain Center: Why Some Patients Regress. (1980) Pain 8:101-113. (5 references)
- Karjalainen, K., Malmiveara, A., van Tulder, M., Roine, R., Jauhiainen, M., Hurri, H., Koes, B. Multidisciplinary Biopsychosocial Rehabilitation for Neck and Shoulder Pain Among Working Age Adults. (2001) Spine 26; 2:174-181. (21 references)
- Swanson, D.W., Swenson, W.M. Maruta, T., Floreen, A.C. The Dissatisfied Patient with Chronic Pain. (1978) Pain 4:367-378. (13 references)
- Hildebrandt, J., Pflingsten, M., Saur, P., Jansen, J. Prediction of Success From a Multidisciplinary Treatment Program for Chronic Low Back Pain. (1997) Spine 22:990-1001 (74 references)
- Shouen, J.S., Gransdal, A.L., Haldorsen, E.M. H., Ursin, H. Relative Cost-Effectiveness of Extensive and Light Kleinke, C.L. Spangler, A.S. Predicting Treatment Outcome of Chronic Back Pain Patients in a Multidisciplinary Pain Clinic: Methodological Issues and Treatment Implications. (1988) Pain 33:41-48. (26 references)
- Barns, J.W., Sherman, M.L., Devine, J., Mahoney, N., Pawl, R. Association Between Worker's Compensation and Outcome Following Multidisciplinary Treatment for Chronic Pain: Roles of Mediators and Moderators. (1995) The Clinical Journal of Pain 11:94-102. (24 references)

- Robinson, J.F., Fulton-Kehoe, D., Martin, D.C., Franklin, G.M. Outcomes of Pain Center Treatment in Washington State Workers' Compensation. (2001) American Journal of Industrial Medicine. 39:227-236. (67 references)
- Behavioral treatment for chronic low-back pain. Ostelo RWJG, Tulder MW van, Vlaeyen JWS, Linton SJ, Morley SJ, Assendelft WJJ
- Multidisciplinary bio-psycho-social rehabilitation for chronic low-back pain. Guzman J, Esmail R, Karjalainen K, Malmivaara A, Irvin E, Bombardier C
- Multidisciplinary rehabilitation for fibromyalgia and musculoskeletal pain in working age adults. Karjalainen KA, Hurri H, Jauhiainen M, Koes BW, Malmivaara A, Roine R, van Tulder M
- Work conditioning, work hardening and functional restoration for workers with back and neck pain. Schonstein E, Kenny DT, Keating J, Koes BW
- Multidisciplinary biopsychosocial rehabilitation for subacute low-back pain among working age adults. Karjalainen K, Malmivaara A, van Tulder M, Roine R, Jauhiainen M, Hurri H, Koes B
- Multidisciplinary biopsychosocial rehabilitation for neck and shoulder pain among working age adults. Karjalainen K, Malmivaara A, van Tulder M, Roine R, Jauhiainen M, Hurri H, Koes B
- ODG-TWC Pain Procedure Summary
- ODG-TWC Low Back Procedure Summary
- ODG-TWC Neck Procedure Summary
- Commonwealth of Massachusetts. Guideline Number 27 Chronic Pain Syndrome

PATIENT CLINICAL HISTORY (SUMMARY):

Age:

Gender: Male

Date of Injury:

Mechanism of Injury: Picking up/stocking cases of water.

Diagnosis: 726.11-calcifying tendinitis of right shoulder/rotator cuff syndrome, Axis I-Chronic pain disorder resulting from work injury, post 11/9/06 right shoulder arthroscopy, post 5/17/07 right shoulder arthroscopy with manipulation under anesthesia with debridement, lumbar sprain, and right shoulder sprain.

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

This is a male who sustained a work related injury, for accepted body parts of low back and right shoulder. The mechanism of injury was stated as “while being employed as a “stocker” he was picking up cases of water as he stocked and felt severe pain in his right shoulder and pain in the low back.” There was a report that the shoulder injury occurred and the back injury (Per consult report dated 3/6/07 from MD) and mention of an unrelated non-work related motor vehicle accident post surgically in November 2006. The diagnoses provided included 726.11-calcifying tendinitis of right shoulder/rotator cuff syndrome, Axis I-Chronic pain disorder resulting from work injury of 7/12/06, post 11/9/06 right shoulder arthroscopy, post 5/17/07 right shoulder arthroscopy with manipulation under anesthesia with debridement, lumbar sprain, and right shoulder sprain. There was an 11/9/06 operative report from MD, the orthopedic surgeon who performed an arthroscopy of the right shoulder with excision of labral tear and debridement of partial thickness cuff tear with subacromial decompression with acromioplasty, and division of coracoacromial ligament and subacromial bursectomy. The follow-up report from Dr. indicated that on xx/xx/xx, the claimant struck his right shoulder when he was involved in a motor vehicle accident. The note from Dr. on 2/7/07, indicated post operative frozen shoulder syndrome. A 3/6/07 report of evaluation consultation from MD, indicated that the claimant’s complaints post operatively and post injection, cannot be accounted for and remain unexplained. The claimant’s complaints continued to expand which suggested “poor prognosis.” The 4/12/07 report of electromyogram (EMG) of the right upper extremity was normal. A repeat MRI of the right shoulder, dated 4/30/07, only had page one and identified that the study was suboptimal due to patient movement; however, what could be identified was some moderately severe supraspinatus tendinopathy, a partial humeral surface tear involving the anterior peripheral attachment, moderately severe subscapularis tendinopathy, with thinning of the supraspinatus tendon and infraspinatus tendon. There is a work status report dated 5/2/07, indicating the claimant could continue working and driving a fork lift and that he was scheduled for manipulation under anesthesia (MUA) of the shoulder on 5/17/07. The claimant underwent his second right shoulder surgery on 5/17/07, which was a right shoulder arthroscopy with manipulation under anesthesia with debridement. There was an unsigned evaluation report from Healthcare dated 10/1/07, with the typed name of MS, LPC indicating a referral from chiropractic provider, DC. This report indicated that the claimant was not working presently and was not taking any medications. This report specifically indicated under the paragraph describing pain behaviors as “The patient has learned to effectively cope with and tolerate pain. Present positive coping strategies for pain are medication and rest. Maladaptive coping strategy is trying to physically function with his right arm.” His pain scale on that date was 6/10. He denied previous mental health issues. The GAF score was 57 on that date and prior to the injury, was stated as 74. The Beck Anxiety score was 15 for moderate anxiety and the Beck Depression inventory was 21 for moderate depression. The claimant was stated as “over weight.” The report indicated wrong information that the claimant had right shoulder arthroscopic surgery in September 2006 (which was actually 11/9/06, per the operative report) and another to break up adhesions on 3/15/07 (which was actually on 5/17/07, per the operative report) with completion of both pre and post surgery physical therapy and rehabilitation, as well as chiropractic, medications, at least 3 steroid injections, use of a TENS unit for at least 5 months and acupuncture. Tests stated included an EMG on 5/15/07, which was negative. The evaluator recommended a 10-day chronic pain management program. The 10/22/07 physical performance report was

signed by DC and MS. Range of motion of the right shoulder flexion 130/180 degrees, extension 35/50 degrees, adduction 42/50 degrees, abduction 135/180 degrees, internal rotation 32/90 degrees and external rotation 38/90 degrees. The grip strength was right hand 55 pounds and left hand 70.7 pounds average. The summary of findings indicated specifically that "this patient's occupation requires a Heavy functioning level. Today's testing revealed that this patient is currently functioning at a light level. Although there have been some gains made during this patient's chronic pain management in conjunction with surgery to the right shoulder, clearly based on today's PPE, deficits remain." There was no direct mention of how many chronic pain management (CPM) sessions the claimant had to that date. There was a report from the same examiners for a PPE on 10/1/07, with again reference to the claimant functioning at a "light" demand level" and a chronic pain program was recommended. The notes submitted from the chronic pain program on 10/16/07 through 10/22/07, indicated wax and wane with pain rated at 6/10 to 8/10. On 10/23/07 to 10/26/07, pain was rated 2/10 and the claimant was referred to an orthopedic consult for possible MUA and or surgery consult. On 10/26/07, the pain was back up to 6/10. There were notes submitted from the "Interdisciplinary Pain Rehabilitation Program" from 11/5/07 with pain rated 5/10. On 11/7/07, pain was 6/10. On 11/12/07, with pain scale area was left entirely blank and a chiropractor DC, signed the note. On 11/13/07, the doctor's signature was illegible and recorded 3/10 pain. On 11/14/07, his pain was 3/10. On 11/15/07, his pain is 3/10. On 11/16/07, his pain is 6/10, with an increase stated as increased activity. On 11/19/07, the provider again left the pain scale section blank. There was a determination report dated 11/28/07, indicating that the claimant had received at least 20 sessions of a chronic pain management program up to that date and a non-certification was upheld per review for more due to inconsistent treatment plan and insufficient justification for chronic pain management program (CPMP) beyond 20 days. An additional report dated 12/19/07, indicates non-certification from the additional CPMP requested concurrently with a request for re-do surgery. An IRO summary dated 1/11/08, indicated evidence of a prior low back injury in xxxx, as well as a xx/xxxx (after the November 2006 surgery) motor vehicle accident where he struck his right shoulder against the car door area with a direct blow mechanism. There was a notice of disputed issues dated 2/8/07, indicating that claimant was returned to modified duty with restrictions on 2/7/07, which the employee accepted. The reports from the chiropractic provider, DC on 8/9/07, indicated that the pain was rated 8/10 in the right shoulder on that date and was 10/10 pain on 9/6/07. On 10/1/07, he has 7/10 pain recorded. An X-ray report of the right shoulder dated 10/30/07 was normal. A report dated 11/9/07, identified that the claimant underwent a right shoulder arthrography procedure with MR, with no evidence of a full thickness rotator cuff tear. A post MR indicated minimal acromioclavicular joint effusion, mild to moderate acromioclavicular joint hypertrophy, Type I-II laterally down sloping acromion, mild acromiohumeral space narrowing and partial undersurface tearing of a large portion of the supraspinatus, predominately mid to posterior portions and suspect of bursitis. The report from orthopedic surgeon MD dated 11/13/07, indicated he suggested a procedure be performed with open rotator cuff repair. The note from DC on 12/4/07, indicated that the claimant was willing to have surgery again with Dr. instead of Dr.. He was returned to work with restricted duty and had completed his 20 sessions of CPM. However, Dr. report of 12/4/07 indicated he would refer the claimant to a shoulder specialist for the surgery. A review of records report dated 12/13/07 from MD, orthopedic and hand surgeon, indicated that the claimant's shoulder complaints beyond the motor vehicle accident date were causally related to the motor vehicle accident and not the work related

injury. A consultation report with orthopedic specialist, MD, on 12/21/07, indicated that he agreed that the claimant required re-surgery but did not agree with the previous peer review indicating the problems persist due to the motor vehicle accident and was referred back to Dr. The 1/8/08 report from Dr. indicated that the claimant was a shoulder surgery candidate again. There was no other documentation indicating that the claimant had undergone this recommendation. The current request is to determine dispute resolution regarding previously denied ten sessions of "Chronic Behavioral Pain" management program sessions. The medical necessity for these additional sessions was not established. This claimant had not responded with evidence of well documented lasting subjective or objective benefits from the previous 20 sessions of chronic pain management program to date post surgically for the right shoulder. The claimant's PPE from 10/1/07 and 10/22/07, failed to identify progression with this approach and continued to rate the claimant at the light duty demand level for a heavy duty job description. The Official Disability Guidelines (ODG), Treatment index, 5th edition web based version regarding shoulder and chronic pain management programs would support this adverse determination. The reference specifically indicates that, "These treatment modalities are based on the biopsychosocial model, one that views pain and disability in terms of the interaction between physiological, psychological and social factors. (Gatchel, 2005) 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." The criteria for the general use of multidisciplinary pain management programs for outpatients includes statement that they may be considered medically necessary when all 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. The claimant fails to meet the criteria #4 since he is determined a surgical candidate again and there is no evidence of re-surgery to date within this documentation. Lastly, the same ODG reference area indicates specifically that, "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." Therefore, it is this reviewers opinion that the claimant does not meet the criteria for additional CPM as he is a surgical candidate again, that he has failed to respond with well documented reports of functional lasting benefits with the previous 20 sessions of CPM and the fact that the ODG does not recommend more than 20 sessions of CPM without clear rationale for specified extension to address any reasonable expectations of goals being met. The determination is to uphold 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.

X ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.

The ODG, Treatment Index, 5th Edition, web based version regarding right shoulder and chronic pain management program. <http://www.odg-twc.com/bp/726.htm#726.1>
<http://www.odg-twc.com/odgtwc/shoulder.htm#Biopsychosocialrehab> Sub reference to the <http://www.odg-twc.com/odgtwc/pain.htm#Chronicpainprograms>

- 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).