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**DATE OF REVIEW:** JANUARY 7, 2008

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Chronic Behavioral Pain Management Program 5 times a week for 2 weeks

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

This case was reviewed by a Texas licensed MD, specializing in Physical Medicine & Rehabilitation. The physician advisor has the following additional qualifications, if applicable:

**REVIEW OUTCOME:**

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Chronic Behavioral Pain Management Program 5 times a week for 2 weeks	Unavailable	Upon approval	Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Documentation:	Date:
Office Visit –DC	08/06/07
Diagnostic Interview and treatment plan –LPC –Healthcare Sys.	10/03/07
Office Visit –MD	10/03/07
Physical Performance Evaluation –Diagnostics	10/03/07
Diagnostic interview and treatment plan –LPC –Healthcare Sys.	10/03/07
Designated Doctor Exam & Report of Medical Evaluation –MD –Evaluation Center	10/30/07
Utilization Review Determination – Adverse determination for Pain Management - ODG Guidelines and Criteria included –	10/31/07
Utilization Review Appeal Request – Chronic Pain Management –Pain Management	11/09/07
Utilization Review Appeal Determination – Adverse determination for Pain Management - ODG Guidelines and Criteria included –	11/20/07
Utilization Review Determination – Adverse determination for Individual Counseling - ODG Guidelines and Criteria included –	11/28/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Reportedly, the claimant is a xx-year-old male with a date of injury of xx/xx/xx. The mechanism of injury to low back and ribs occurred when "a 400-pound load of meat he was carrying became unstable, causing him to fall while transporting the load on stairs". The claimant has received conservative measures, including medications, work restrictions, physical therapy and 20 sessions of chronic pain management and was able to return to work. The claimant was placed at MMI on 10/30/2007, by designated doctor and issued an 8% Whole Person Impairment.

On 10/31/2007, the request for 10 sessions of a Chronic Behavioral Pain Management Program was denied, and the reviewing physician reported the claimant had "already completed a standard 20 days of the CPMP with good progression August 2007. The degree of his symptoms is not sufficient to warrant another 10-20 days, and he should have gained sufficient education and treatment to do exercises on his own. He did not follow-up with appropriate aftercare as suggested, and at this time the first approach needs to lower levels of aftercare."

The appeal was denied on 11/20/2007, and the reviewing physician reported the claimant had received "various conservative treatments including facet injections and 20 days of pain management program. There is no explanation as to why he is not back at work. Current evaluation would not support additional functional restoration / interdisciplinary treatment".

The disputed service is 10 sessions of a Chronic Behavioral Pain Management Program.

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

The request for an additional 10 sessions of a Chronic Behavioral Pain Management Program, beyond the 20 sessions the claimant had already received, does not fall within the Evidence-Based, Medical Guidelines, and is not supported by the documentation provided. Adequate documentation of subjective complaints, objective physical findings, neurological deficits, and special circumstances, are necessary for consideration of requests, especially those that fall beyond the recommendations of the Evidence-Based Medical Guidelines. I agree with the reviewing physicians that it would be reasonable to expect the claimant to have gained "sufficient education and treatment to do exercises on his own" following completion of the initial 20 sessions.

It is my opinion, the denial should be upheld.

**Chronic pain programs:** Recommended where there is access to programs with proven successful outcomes. 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 therapy. While recommended, the research remains ongoing as to (1) what is considered the "gold-standard" content for treatment; (2) the group of patients that benefit most from this treatment; (3) the ideal timing of when to initiate treatment; (4) the intensity necessary for effective treatment; and (5) cost-effectiveness. It has been suggested that interdisciplinary/multidisciplinary care models for treatment of chronic pain may be the most effective way to treat this condition. (Flor, 1992) (Gallagher, 1999) (Guzman, 2001) (Gross, 2005) (Sullivan, 2005) (Dysvik, 2005) (Airaksinen, 2006) (Schonstein, 2003) (Sanders, 2005) (Patrick, 2004) (Buchner, 2006) Unfortunately, being a claimant may be a predictor of poor long-term outcomes. (Robinson, 2004) 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. (Karjalainen, 2003)

**Types of programs:** There is no one universal definition of what comprises interdisciplinary/multidisciplinary treatment. The most commonly referenced programs have been defined in the following general ways (Stanos, 2006):

**(1) Multidisciplinary programs:** Involves one or two specialists directing the services of a number of team members, with these specialists often having independent goals. These programs can be further subdivided into four levels of pain programs:

- (a) Multidisciplinary pain centers (generally associated with academic centers and include research as part of their focus)
- (b) Multidisciplinary pain clinics

- (c) Pain clinics
- (d) Modality-oriented clinics

**(2) Interdisciplinary pain programs:** Involves a team approach that is outcome focused and coordinated and offers goal-oriented interdisciplinary services. Communication on a minimum of a weekly basis is emphasized. The most intensive of these programs is referred to as a Functional Restoration Program, with a major emphasis on maximizing function versus minimizing pain. See Functional restoration programs.

**Types of treatment:** Components suggested for interdisciplinary care include the following services delivered in an integrated fashion:

- (a) physical therapy (and possibly chiropractic);
- (b) medical care and supervision;
- (c) psychological and behavioral care;
- (d) psychosocial care;
- (e) vocational rehabilitation and training; and
- (f) education.

**Predictors of success and failure:** As noted, one of the criticisms of interdisciplinary/multidisciplinary rehabilitation programs is the lack of an appropriate screening tool to help to determine who will most benefit from this treatment. Retrospective research has examined decreased rates of completion of functional restoration programs, and there is ongoing research to evaluate screening tools prior to entry. (Gatchel, 2006) The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. (Linton, 2001) (Bendix, 1998) (McGeary, 2006) (McGeary, 2004) (Gatchel, 2005) See also Chronic pain programs, early intervention; Chronic pain programs, intensity; Chronic pain programs, opioids; and Functional restoration programs.

**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.
- (2) Previous methods of treating the chronic pain have been unsuccessful.
- (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 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.

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.

**Inpatient admissions for chronic pain** may be considered medically necessary when there are significant medical and/or psychiatric co-morbidities, case complexity requiring multiple consultants, implantation trials, and/or significant pain behavior and reported dysfunction that require 24/7 observation and treatment (this should be considered on a case by case basis with written justification). (BlueCross BlueShield, 2004) (Aetna, 2006) See Functional restoration programs.

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**Citation: ODG Guidelines / Integrated Treatment/Disability Duration Guidelines / Pain (Chronic) / Functional restoration programs (FRPs)**

**Functional restoration programs (FRPs):** Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs (see Chronic pain programs), were originally developed by Mayer and Gatchel. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over

time, but still remains positive when compared to cohorts that did not receive an intensive program. (Bendix, 1998) A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. (Guzman 2001) It must be noted that all studies used for the Cochrane review excluded individuals with extensive radiculopathy, and several of the studies excluded patients who were receiving a pension, limiting the generalizability of the above results. Studies published after the Cochrane review also indicate that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. (Airaksinen, 2006) 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. (Karjalainen, 2003) Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. For general information see Chronic pain programs.

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

ODG:

ODG Guidelines / Integrated Treatment/Disability Duration Guidelines / Pain (Chronic) /Chronic pain programs

**TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS:** the Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on January 7, 2008 .

