

Applied Assessments LLC

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: 7/13/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

20 sessions of Chronic Pain Management Program

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

The reviewer is a Licensed Physician in Texas, Board Certified in Psychiatry, Pain Medicine and Forensic Psychiatry.

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)

Upon independent review the reviewer finds that the requested 20 sessions of Chronic Pain Management Program is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters 5/5/08, 5/30/08
ODG Guidelines and Treatment Guidelines
Peer Review Reports 5/3/08, 5/28/08
Pre-Authorization Request 5/2/08
Patient Referral and Intake Form

Psychologist Evaluation 4/25/08
DC 4/25/08
Request for Appeal 5/20/08
Patient Information 4/25/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The records show the worker injured herself on xx/xx/xx at work when she had a fall. She has continued complaints of back pain with radiation to her left leg along with numbness and tingling and psychological symptoms that are identified as being due to her chronic pain complaints. The injured worker has had a prior cervical spine laminectomy in 1998. She has had treatment for her pain complaints with ESI's, TEN's unit, medications, physical therapy and she was in a CPMP in 2006. Aquatics was found to be very helpful. The injured worker has had outpatient psychotherapy, biofeedback, exercise, counseling, group and spirituality in her past chronic pain program. She is not a surgical candidate. Medications prescribed are listed as Propoxyphene, Naproxyn, Gabapentin and Ambien but "none of these are allowed by her insurance and are not filled." Average pain levels are 8/10 with reported significant restrictions in daily activities. Axis I diagnoses are listed as: Chronic Pain Disorder 338.2 on the 4/25/2008 evaluation by Ed.D.. She shows moderate depression and moderate anxiety on the BAI and BDI. The current request is for 20 sessions of Chronic Pain Management Program.

The request for CPMP was denied due to the fact the injured worker had previously participated in a CPMP. The appeal notes the injured worker's medications have been denied by the insurance carrier and a second course of CPMP would be helpful as well as noting the injured worker in the past thought surgery might be an option and now she knows surgery is not an option so the injured worker, in the past, likely wouldn't have realized her pain "may be present long term and truly understand the importance of independent usage of techniques learned and how to implement them to real life circumstances."

The appeal for CPMP was denied because the program is not CARF certified or a "quality" program per the ODG guidelines and it is a repeat program.

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

Upon independent review of the provided medical records and ODG Guidelines, this reviewer finds that the requested 20 sessions of Chronic Pain Management Program is not medically necessary. The rationale that the claimant in the past would not have fully benefited from her prior Chronic Pain Program because she thought she might be a candidate for surgery is not reasonable. Chronic Pain Programs focus on the fact the pain is *chronic*. The injured worker was in the program to learn the skill to manage her

chronic pain. Future curability or incurability is not a key factor for adequate treatment in a Chronic Pain Program. The fact that the claimant cannot get her medications approved by her insurance carrier does not, in and of itself, prevent her from obtaining medications and is not a criteria for admission into a CPMP. I concur with the previous reviewers that the request does not meet ODG guidelines and is excessive as she has already been treated in a CPM Program. Additionally, ODG guidelines recommend only 10 sessions be approved initially and the request is for 20 sessions.

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 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). ([Sanders, 2005](#)) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. 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](#).

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)**