I-Decisions Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: July 9, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Pain Management, 5 times a week times 2 weeks

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

M.D., 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)

Upon independent review the reviewer finds that the requested Pain Management, 5 times a week times 2 weeks, is medically necessary

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters 6/16/08, 5/30/08
ODG Guidelines and Treatment Guidelines
Letter of Medical Necessity 6/4/08
Pre-Authorization Request 5/27/08
Progress Summary and Request 5/21/08

Pain Management Program Progress Notes 5/5/08 to 5/23/08
Cervical ESI Pre-Authorization Request 6/4/08
Team Conference Notes 5/27/08, 6/24/08, 6/17/08, 6/10/08, 5/13/08, 4/29/08, 4/22/08
Referral form 6/4/08
Follow-Up and trigger Point Injection 5/7/08
Treatment Plan
Peer to Peer Note 6/9/08
MD 6/4/08, 4/30/08, 4/9/08, 3/27/08, 3/10/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx year old man who was criminally attacked by 4 armed men while working on xx/xx/xx. This apparently happened at least twice before. He sustained a laceration. He developed neck pain, pain between the scapulae and in the right upper extremity. There are degenerative changes on his MRI with C5/6 being the worst. He reportedly had C5/6 abnormalities on his MRI. His symptoms reportedly include neck pain, "sparkling" to his scalp, and headaches. Dr. initially did not feel cervical epidural or facet injections were warranted, but then did so in his 6/4/08 note. At that time Dr. noted that this man made gains from the prior sessions of his pain program. He had preexisting cardiomyopathy. Dr. feels he has post traumatic stress disorder with the cervical radiculopathy. He noted ongoing problems with sleep and anxiety and a potential of excessive use of controlled substances. The current request is for Pain Management, 5 times a week for 2 weeks.

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

The ODG describes several pain programs. These require motivation and a desire to return to work. This man had no preexisting psychological issues. The degenerative changes in the cervical spine probably were pre-existing, but apparently were asymptomatic before the assault. This man does not demonstrate any of the risk factors associated with adverse outcomes with the pain programs.

Chronic pain programs (functional restoration programs)
Recommended where there is access to programs with proven successful outcomes, 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….
Types of treatment: Components suggested for interdisciplinary care include the following services delivered in an integrated fashion: (a) physical treatment; (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.

There are concerns because the outcomes are less favorable with cervical and shoulder problems compared to low back problems. Further, there are concerns since the programs are less effective with opiate use. The ODG also warns against people being in the program ..”**where surgery or other treatments would clearly be warranted;”** Cervical epidurals are now under consideration.

Program duration is listed as **“Total treatment duration should generally not exceed 20 full-day sessions…”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.”**

This request for the additional 10 sessions is what is being considered. The requesting doctors detail their reasons for additional treatment time.

Further, the ODG itself states ODG “**The publications are guidelines, not inflexible prescriptions and they should not be used as sole evidence for an absolute standard of care. Guidelines can assist clinicians in making decisions for specific conditions…but they cannot take into account the uniqueness of each patient’s clinical circumstances**.”

The ODG does not address the treatment of posttraumatic stress disorder.

Chapter 170 of the Texas Medical Board Rules encourages any reasonable treatment programs that would reduce the use of opiates and dangerous drugs. That also appears to be the intent of these treating physicians. I find that the requested Pain Management, 5 times a week times 2 weeks is medically necessary and supported.

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**

- [x] **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**
- [ ] **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)**