I-Decisions Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: 7/13/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

15 Sessions of Chronic Pain Management Program

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

Certified Psychiatrist with added Board Certifications in Pain Medicine and Forensic Psychiatry licensed to practice in the State of Texas.

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 15 Sessions of Chronic Pain Management Program is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters 5/28/08, 6/17/08
ODG Guidelines and Treatment Guidelines
MD 5/19/08, 5/12/08
"Treatment Plan/ Quality of Care" 5/27/08, 5/20/08, 5/16/08
Ph.D., LCSW 12/5/07
MD 12/26/07
DC 12/5/07
Initial Request for treatment 5/22/08
Reconsideration Request 6/17/08
Appeal Letter 6/3/08
Utilization Review Notes DC 5/28/08
Utilization Review Notes, MD 6/17/08
Methodist Records 9/10/06, 9/15/06, 9/22/06

Occupational Health Subsequent Visit Notes from 9/21/06 to 12/12/06
Rehabilitaion SOAP Notes from 11/21/06 to 2/13/07
X-Ray Report 10/2/06
MRI Report 10/11/06
Physical Therapy Initial Evaluation 11/21/06
Physical Therapy Progress evaluation 12/19/06
Post-Op Follow-Up Sheet 12/20/06
Chronological Review 6/21/07
Orthopedic Consultation 8/1/07
Operative Report 8/14/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The records show the date of Injury as xx/xx/xx. The injured worker is a xx y.o. male who, while working for the Department was attacked by two inmates and sustained a right knee injury with subsequent right knee arthroscopy and menisectomy. The injured worker was evaluated for a chonic pain program on 12/26/07 due to continued shooting pain in his right knee radiating into his upper leg despite treatment with Hydrocodone 5/500 mg. q.h.s. and Celebrex 200 mg. daily. Dr. diagnoses Right Knee Neuralgia, status post right knee arthroscopy with medial menisectomy and quadriceps myospasm. He recommended a chronic pain management program.
Prior to that evaluation MMI was set by Dr. on 2-28-2007 at 4%.
The Evaluation by Ph.D., LCSW for appropriateness for a chronic pain program reviews the injured workers history and complaints. She notes the injured worker, after returning to work in February 2007 had to have surgery on his left knee in August 2007 and is "currently on light duty." Average pain level is 5. Scores on the BAI and BDI show mild depression and anxiety. Mental status exam is normal. Her diagnoses are: 338.2 Chronic pain resulting from work injury of 9-10-6 on Axis I. She identifies problems with chronic pain syndrome, inadequate coping skills to manage emotional stress related to changes from work injury and distorted beliefs concerning pain and disability and mild depression and anxiety. Dr. recommends a chronic pain program.
D.C. on 12/5/2007 describes the injured worker's complaints of bilateral knee pain, worse on the right that interferes with functioning, although the injured worker is still working. No pain behaviors were observed while sitting, although there were pain behaviors during the lifting portions of the exam. The injured worker had been through 24 sessions of physical therapy for his right knee injury that "has apparently failed". Range of motion is noted to be "mildly sub normal". There is mild to moderate swelling noted in the right knee. Pain is reported at 6 on a scale of 1-10.
The May 22, 2008 precertification request by Dr., Ph.D. shows the diagnoses as Axis I: 307.89 with a GAF of 54. The injured worker is not currently working "due to his physical disabilities, depression and anxiety." Ultram is prescribed and Hydrocodone is discontinued. Recommendation is for Chronic Pain Management Program by Dr., Ed.D.
The 5/12/08 note by Dr. documents the injured worker has a "good response to chronic pain program." Pain level is "about 3 to 4 out of 10."
On June 3, 2008 there is an appeal for an additional 15 sessions of chronic pain program after the injured worker has completed 20 sessions "on or around 5/30/08." The denial letter states the reviewer spoke with Dr. who requested more sessions "to bring the patient to full resolution." The reviewer denies the request as the injured worker "appears to have full transition back to the work place and appears to have complete home exercise program and home healthcare provisions afforded to him." The reconsideration upheld the initial denial for the same reasons as well as ODG criteria that the claimant's additional 15 sessions will exceed ODG guidelines of recommended 20 sessions. Teleconference with Dr. was not successful.

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

I concur with the previous reviewer's analysis of the findings. The injured worker has progressed well in the chronic pain program with reduced pain levels and increased function. Although the injured worker is not, according to the requesting physician, at maximum benefit from the pain program with the number of sessions completed, the injured worker has demonstrated the ability to use the pain program's physical and psychological component to his benefit and there is not sufficient documentation to support the injured worker will not be able to continue improvement with home exercise and other less intensive care, if needed. Also, the request of additional pain management sessions exceeds ODG Criteria for CPMP. There is not evidence that sessions beyond the completed sessions will provide lasting improvements for this patient. This reviewer finds that the requested 15 sessions of Chronic Pain Management Program is not medically necessary.

ODG Guidelines:

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 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)