



Medical Review Institute of America, Inc.  
America's External Review Network

DATE OF REVIEW: June 5, 2008

IRO Case #:

Description of the services in dispute:

Ten (10) days of chronic pain management to be rendered at eight hours per day.

A description of the qualifications for each physician or other health care provider who reviewed the decision:

The physician who provided this review is board certified by the American Board of Physical Medicine & Rehabilitation in General Physical Medicine & Rehabilitation and Pain Medicine. This reviewer has been in active practice since 2005.

Review Outcome

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

Upheld.

The requested 10 days of chronic pain management at eight hours per day is not medically necessary.

Patient clinical history [summary]:

The patient is a xx-year-old female who is reported to have sustained work related injuries on . On this date she was reportedly lifting some heavy equipment that weighed approximately 40-60 pounds. She states that she lifted the object and felt a sharp pain in the lower back that radiated down the right side of her gluteal region. She was sent to Hospital for evaluation and then was evaluated at Clinic. An MRI was performed and she was returned back to work with light duty restrictions. Records indicate that the patient has been treated with physical therapy, ultrasound, estim, facet injections in 2003 and 2004. She underwent a decompressive lumbar laminectomy on 10/01/04. She has had a bone growth stimulator, chiropractic treatment, psychological treatment,

psychiatric medication management, and biofeedback. She is currently under the care of Dr., D.C. Records indicate that the patient has previously been placed at clinical maximum medical improvement on 06/29/04 with a 5% whole person impairment. Records indicate that the patient was approved for a chronic pain management program and she has subsequently completed 20 sessions with little or no improvement. Records suggest that the patient has undergone multiple sessions of chronic pain management with no sustained reduction in her use of oral medications. It was noted that the patient completed a pain management session on 03/05/08 and on 03/12/08 she subsequently received new prescriptions for Hydrocodone, amitriptyline and Ambien. These medications were subsequently refilled again on 04/22/08. It is noted that the patient was subsequently referred for CT myelogram on 03/05/08 and is undergoing additional diagnostic testing and has been recommended to continue in pain management while a surgical solution is researched.

On 04/14/08 this case was reviewed by Dr.. Dr. reports that the patient is reported to have fallen from a 4-foot high scaffold landing on her right hand. Her treatment has included x-rays, casting, and pain medications. She has undergone a right carpal tunnel release and excision of a right ulnar styloid. She has had modified pain management program in 2004 with individual psychotherapy and biofeedback. She has now completed 20 sessions of a full chronic pain management program. He notes she has made minimal progress in relation to anxiety and depression, functioning, psychosocial stressors and pain levels. She has made some improvements in psychometric measures. He subsequently indicates that the patient has been referred to DARS and that the requested 10 days would be to emphasize the patient's physical functioning. He reports there is no indication as to how much progress has been made in physical function restoration and what specific goals for further physical functioning over a period of time are requested. He reports there is not a treatment plan in place consistent with ODG requirements and finds no reason for treatment in excess of the 20 sessions already performed.

On 05/06/08 a request for reconsideration was submitted. This review was performed by , Ph.D. Dr. does not certify the request. He reports that the patient has completed 20 sessions in this program and notes that ODG would only support 20 sessions. He indicates the program did not provide a reasonable rationale for exceeding 20 treatment sessions. It is reported that the rationale for exceeding 20 sessions includes the claimant's age, her eagerness to continue in the program and her ongoing pain. Dr. reports that these are not factors suggesting a need to exceed the published guidelines for this type of program and indicates no sufficient rationale was presented.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision:

The requested 10 days of chronic pain management at eight hours per day is not medically

necessary.

The available records indicate that the patient has completed 20 sessions of a chronic pain management program. The serial progress notes indicate that the patient made minimal progress. Records indicate that the patient has been previously a participant in chronic pain programs. The patient still continues to report high levels of pain despite participating in this program. It is noted that the patient's medication use does not appear to have been decreased or eliminated as a result of this program. The patient continues to receive prescriptions for oral medications from her treating providers. Further note that the records suggest that the patient is currently under evaluation by her treating providers for possible surgical intervention. Chronic pain management programs are considered tertiary level programs for patients who either are not candidates for operative intervention or have undergone operative intervention and subsequently have a post laminectomy syndrome. In this particular case if the patient is being worked up for further operative intervention there again is no indication for continuation of the chronic pain management program and there would be no reason to exceed current evidence based guidelines.

A description and the source of the screening criteria or other clinical basis used to make the decision:

1. The Official Disability Guidelines, 11th edition, The Work Loss Data Institute.
2. The American College of Occupational and Environmental Medicine Guidelines; Chapter 6.

1379547.1

rg