DATE OF REVIEW: June 17, 2008

IRO Case #:

Description of the services in dispute:

Preauthorization – 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 physician who provided this review is board certified by the American Board of Anesthesiology in General Anesthesiology and Pain Medicine. This reviewer is a member of the American Medical Association, the American Pain Society, the American Academy of Pain Management and the American Society of Anesthesiologists. This reviewer has been in active practice since 1996.

Review Outcome

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

Upheld

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Medical necessity does not exist for the requested 20 sessions of chronic pain management program.

Information provided to the IRO for review

Records Received From the State

Fax cover sheet, 5/29/08, 1 page

Notice to Medical Review Institute of America Inc, of case assignment, 5/29/08, 1 page

Confirmation of receipt of a request for a review by an independent review organization, 5/28/08, 5 pages

Request form, 5/28/08, 3 pages

Letter from RN, 5/19/08, 4 pages

Letter from RN, 5/27/08, 4 pages

Records Received From the Utilization Agent

Notice to utilization review of assignment of independent review organization, 5/29/08, 1 page
Patient re-evaluation, 10/16/07, 2 pages
Prescriptions, 5/2/08, 1 page
Physical performance evaluation, 2/5/08, 21 pages
Patient re-evaluation, 9/1/05, 2 pages
Letter from MD, 2/22/08, 1 page
Operative report, 3/28/08, 2 pagees
Physical performance evaluation, 5/6/08, 20 pages
Modified Oswestry low back pain disability questionnaire, 5/6/08, 2 pages
Chronic pain management evaluation form, undated, 1 page
Request for services, 5/8/08, 6 pages
Treatment plan, undated, 1 page
Patient re-evaluation, 5/13/08, 2 pages
Letter from RN, 5/19/08,
Reconsideration request, 5/20/08, 5 pages
Chronic pain management evaluation form, undated, 1 page
Letter from RN, 5/27/08, 4 pages
Request for a chronic pain management program, 5/14/08, 2 pages

Patient clinical history [summary]

The patient is a male with a date of injury of xx/xx/xx, at which time the patient had a work related back injury with lower and upper extremity pain complaints. He has tried conservative care, medications, injections, and surgery. He has completed 20 sessions of multi disciplinary work hardening program, and several sessions of individual and group psychotherapy without return to work. Current medications include: Ultram, Lexapro, Lyrica, and Mobic. Psychological evaluation on 05/08/08 showed moderate depressive symptoms and moderate symptoms of anxiety. On 02/6/08 the patient had an ESI (epidural steroid injection), which he says helped some. Current FCE (functional capacity evaluation) shows him with functional deficit. 05/13/08 the treating physician's exam showed, status post CESI (cervical epidural steroid injection), the claimant said the pain level has improved with injection. Cervical compression was positive in the right upper extremity. Maximum foraminal compression is positive on the right side. SLR (straight leg raise) is positive on the right at 65 degrees. Kemp test is positive on the right with radicular symptoms in the right upper extremity. Patrick's/ Yeoman Test is positive for lumbosacral pain as opposed to SI (sacroiliac) joint pain. 05/13/08 the patient is status post ESI, which he said helped some. His Physical Performance Evaluation showed he was unable to safely and dependably return to his usual

and customary duties. The treating physician's request is for him to enroll in a chronic pain program 5 sessions for 4 weeks.

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

Per ODG (2008): 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; and (6) Negative predictors of success above have been addressed.

It would appear the claimant does not meet criteria noted above, especially #6, relating to negative predictive factors. This claimant has already undergone 20 sessions of work hardening to date, but still has not returned to any type of work. The evaluation did not address this significant negative issue in the claimant's history. In addition, the records do not indicate an adequate psych evaluation. This is essential in determining the candidacy for a chronic program as described. The previous reviewer's denial of this request is supported.

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

ODG Treatment

Integrated Treatment/Disability Duration Guidelines

Pain (Chronic)-Chronic Pain Program