

Notice of Independent Review Decision

DATE OF REVIEW:

06/12/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Twenty sessions of chronic pain management program.

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

Board Certified Chiropractor

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.

The medical necessity for the application of twenty sessions of the requested chronic pain management program is not established.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 05/29/08 Notice Of Assignment Of Independent Review Organization,
- 05/29/08 letter from Network & Medical Operations
- 05/28/08 MCMC Referral
- 05/28/08 Confirmation Of Receipt Of A Request For A Review, DWC
- 05/28/08 Notice To MCMC, LLC Of Case Assignment,
- 05/26/06 LHL009 – Request For A Review By An Independent Review Organization
- 05/07/08 letter from Review Nurse
- 04/29/08 (Date reached Clinical) Report of Medical Evaluation, DWC
- 04/29/08 Designated Doctor Exam, M.D., Impairment & Disability Analysis
- 04/10/08 letter from Review Nurse
- 03/05/08 Oswestry Low Back Pain Disability Questionnaire with attached Neck Disability Index, Dallas Pain Questionnaire
- 02/29/08 Physical Performance Evaluation, Rehabilitation Center
- 01/14/08, 12/10/07 OV Consultations, Minor Emergency Care Clinic
- 10/16/07 Physical Performance Exam, D.C., Healthcare Systems
- 10/15/07 Evaluation, M.Ed., Healthcare Systems
- 10/10/07, 09/26/07 Follow-up Notes, D.O., Anesthesia & Pain Management

- 10/01/07, 08/15/07, 07/09/07, 05/01/07, 04/03/07 OV Consultations
- 06/12/07 Psychotherapy Notes, M.A., LPC, Rehabilitation Center
- Undated list of Providers with demographic information
- ODG Guidelines
- 05/28/08 Notice Of Assignment of Independent Review Organization,

PATIENT CLINICAL HISTORY [SUMMARY]:

Records indicate that the above captioned individual is a female who was allegedly involved in an occupational incident that reportedly occurred on or about xx/xx/xx. The history indicates that she stepped on a grate which gave way and she fell through in a waist deep hole injury her legs, low back, mid back and neck. Treatment to date has included medication management, chiropractic management, physical therapy, injections and work hardening. A physical performance evaluation dated 10/16/07 revealed functional deficits including lifting, strength and ranges of motion. However, the Physical Performance Exam (PPE) demonstrated that the injured individual was performing at a Medium Physical Demand Level (PDL) and the required PDL was listed as Sedentary/Light. A psychological evaluation was performed on 10/15/07 which opined that the injured individual was experiencing and demonstrating psychosocial issues including depression and anxiety.

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

The documentation reveals no reasonable expectations that the application of the requested course of chronic pain management would produce therapeutic gain or satisfactory progress. The injured individual has participated in a litany of treatment with no documented evidence of satisfactory progress. Moreover, there is no recent evaluation or treatment represented in the documentation to provide a recent assessment. The most recent assessment is some eight months old and indicates that the injured individual was performing at her work required physical demand level. Lastly, there are significant negative predictors of the success of the program including time of disability, utilization of opioids, and high levels of psychosocial issues and distress. The injured individual has exceeded the treatment protocols for the condition of record, consistent with the Official Disability Guidelines.

The ODG in regards to chronic pain management programs—from the section on Chronic Pain:

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. Also called Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy (including an active exercise component as opposed to passive modalities). While recommended, the research remains ongoing as to (1) what is considered the “gold-standard” content for treatment; (2) the group of patients that benefit most from this treatment; (3) the ideal timing of when to initiate treatment; (4) the intensity necessary for effective treatment; and (5) cost-effectiveness. It has been suggested that interdisciplinary/multidisciplinary care models for treatment of chronic pain may be the most effective way to treat this condition. (Flor, 1992) (Gallagher, 1999) (Guzman, 2001) (Gross, 2005) (Sullivan, 2005) (Dysvik, 2005) (Airaksinen, 2006) (Schonstein, 2003) (Sanders,

2005) (Patrick, 2004) (Buchner, 2006) Unfortunately, being a claimant may be a predictor of poor long-term outcomes. (Robinson, 2004) These treatment modalities are based on the biopsychosocial model, one that views pain and disability in terms of the interaction between physiological, psychological and social factors. (Gatchel, 2005) There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. (Karjalainen, 2003)

Types of programs: There is no one universal definition of what comprises interdisciplinary/multidisciplinary treatment. The most commonly referenced programs have been defined in the following general ways (Stanos, 2006):

(1) Multidisciplinary programs: Involves one or two specialists directing the services of a number of team members, with these specialists often having independent goals. These programs can be further subdivided into four levels of pain programs:

- (a) Multidisciplinary pain centers (generally associated with academic centers and include research as part of their focus)
- (b) Multidisciplinary pain clinics
- (c) Pain clinics
- (d) Modality-oriented clinics

(2) Interdisciplinary pain programs: Involves a team approach that is outcome focused and coordinated and offers goal-oriented interdisciplinary services. Communication on a minimum of a weekly basis is emphasized. The most intensive of these programs is referred to as a Functional Restoration Program, with a major emphasis on maximizing function versus minimizing pain. See Functional restoration programs.

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. (Linton, 2001) (Bendix, 1998) (McGeary, 2006) (McGeary, 2004) (Gatchel, 2005) Multidisciplinary treatment strategies are effective for patients with chronic low back pain (CLBP) in all stages of chronicity and should not only be given to those with lower grades of CLBP, according to the results of a prospective longitudinal clinical study reported in the December 15 issue of Spine. (Buchner, 2007)



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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES