

**C-IRO, Inc.**  
**An Independent Review Organization**  
7301 Ranch Rd. 620 N, Suite 155-199  
Austin, TX 78726

Notice of Independent Review Decision

**DATE OF REVIEW: JUNE 3, 2008**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Chronic Pain Management Program x 10 Sessions

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

MD, Board Certified in Physical Medicine and Rehabilitation

**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)

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 reviewer finds that Chronic Pain Management Program x 10 Sessions is not medically necessary.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 5/19/08, 4/28/08  
ODG Guidelines and Treatment Guidelines  
, MS, LPC-Intern, 4/15/08, 6/5/07, 9/13/07, 9/23/07, 6/22/07, 11/23/07  
, MD, 3/19/08  
PPE, 3/11/08  
Patient Treatment Goals and Objectives, 4/16/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This xx-year-old woman apparently felt tightness and locking of her arm after using “dull” scissors to cut open chickens at work. The date of her injury was xx/xx/xx. She had an MRI that per Mr. showed disc bulges and possible small herniations at C3-4, C5-6 and C6-7. There was no comment of nerve root compression. She underwent an anterior fusion from C5-6 and C6-7 in 2001. She continues to have pain. Psychometric studies performed by Mr. showed a perception of severe disabilities. He described her as symptom dependent. Her PPE (3/11/08) described significant deconditioning from work inactivity. She had Waddell signs and inconsistencies limiting the validity of the test. Mr. described dramatization, maladaptive behaviors and affect with functional limitations. She has ongoing neck, arm and low back pain. She has problems sleeping. Testing showed depression and anxiety.

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

This woman is more than 10 years since her injury and 7 years since her surgery. She has not improved nor has she returned to work. The ODG criteria includes the recommendation that the patient have a motivation to return to work. The reviewer did not see evidence of this motivation from reading the records provided. The ODG also cites that there is little scientific evidence for the effectiveness of chronic pain programs for the treatment of neck and shoulder pain.

In addition, there are factors associated with failure of chronic programs including numbers 4 and 7 in the list that follows. As such, this claimant appears not to be an appropriate candidate for a Chronic Pain Management Program at this time. The reviewer finds that there is not medical necessity for Chronic Pain Management Program x 10 Sessions.

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. ... 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](#))...

**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](#)) ([Gatchel2, 2005](#)) ...

#### **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.**

**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)