

I-Decisions Inc.

An Independent Review Organization

71 Court Street

Belfast, Maine 04915

(207) 338-1141 (phone)

(866) 676-7547 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: 06/23/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic pain management program 5 times a week times 2 weeks

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

Clinical Psychologist; Member American Academy of Pain Management

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 Chronic pain management program 5 times a week times 2 weeks is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters 5/1/08, 5/16/08
ODG Guidelines and Treatment Guidelines
Patient Information Sheet
CPM Referral 4/22/08
CPMP Pre-Authorization Request 4/28/08
CPMP Request for Reconsideration 5/12/08
PhD 4/20/08, 5/16/08, 3/3/08
CPMP Plans and Goals 4/28/08, 3/31/08
Initial Functional Capacity Test 4/17/08

DO 3/26/08, 2/6/08, 2/13/08, 2/27/08, 4/23/08
Initial Behavioral Medicine Consultation 2/15/08
MD 4/22/08, 3/24/08
MD 1/11/08
Procedure Notes 7/27/07, 9/7/07, 11/9/07
Medical Guidelines submitted by Carrier/URA
IRO Summary 6/10/08
Injury Reports
Notice of Disputed Issues 4/12/07
DC 1/31/05, 2/1/05
MD 2/2/05, 2/16/05, 3/23/05, 4/20/05
Initial Neurological Evaluation 5/12/05
DC 7/7/05, (,26/06
Therapy/Care Notes 7/7/05 to 12/6/05
MD 9/26/05 and Referral
Neck Disability Index 3/2/07
Therapy & Progress Note 6/1/07
Report Of Medical Evaluation 3/2/07
MMI/IR 3/6/07, 2/14/08
PT Evaluation 2/11/08
Individual Psychotherapy Notes 3/7/08, 3/12/08, 3/21/08, 4/4/08, 4/11/08
M.Ed., LPA, LPC 4/4/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx year-old female who was reportedly injured on xx/xx/xx performing her regular job duties as an . The initial behavioral medicine consultation and the history and physical report by Dr. convey that the patient reports she was struck by a box from the conveyor belt, which hit her in the head, causing her to fall backwards into a wall and onto her buttocks, injuring her low back, head, neck, and knee. However, an associate statement that the patient signed on 1/31/05 regarding the incident states she was “elbowed by a fellow associate in the head”.

On 5/12/05, patient was evaluated by Dr. for an initial neurological evaluation. At that time, patient reported that she was injured when a co-worker struck her in the back of her head and neck with his elbow. Her reported symptoms were “diffuse headaches throughout the entire head, difficulties with sleeping, pain in the upper chest wall, and a feeling of apprehension.” Patient ascribed to hearing voices and other auditory hallucinations at this visit, and was being followed by a psychiatrist and prescribed Klonopin and Zoloft through MHMR. Dr. found no significant neurological deficits, only symptom magnification, and diagnosed her with a mild cervical strain. Designated doctor exam performed on 03-02-07 again showed no physical deficits related to the head, cervical spine or any other associated regions, with the claimant demonstrating a normal evaluation functionally and structurally. There were numerous Waddell signs appreciated, as well as submaximal effort during ROM testing which invalidated the test. Patient was diagnosed with 920.0 – head contusion, resolved, and 847.0 – cervical sprain/strain, resolved. She was placed at MMI as of May 12, 2005 and received a 0% impairment rating for the permanent damages attributed to the xx/xx/xx reported injury.

Patient was treated conservatively with 40 sessions of PT and given appropriate diagnostics and referrals before she was put at MMI. It is unknown what has progressed between in the last 10-12 months, but patient has now established care with a new treating doctor, and has been diagnosed with cervical displaced discs, lumbar displaced disks, lumbar and cervical strain/sprain, bilateral cervical and lumbar radiculopathy, chronic pain syndrome, sleep disturbance, and intractable headaches. It is unclear what

diagnostics were administered to support these diagnoses. Patient was prescribed Cymbalta and Lyrica, and was referred for CPMP. She has received an FCE and individual psychotherapy and the current request is for initial trial of 10 days of a chronic pain management program.

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

Upon independent review of the provided medical records and ODG Guidelines, this reviewer finds that the requested chronic pain management program 5 times a week times 2 weeks is not medically necessary. The FCE conducted appears to again show some patient inconsistencies, although this is not thoroughly documented or explained. Results of individual psychotherapy show no progress across any of the reported symptoms, but does show patient reports an increase in depression per her ending BDI scores. Patient entered psychotherapy ascribing to 63/63 symptoms on the BAI and 50/63 symptoms on the BDI. Ending scores were unchanged on the BAI and increased to 62/63 on the BDI. However, there is no explanation for why patient failed to make progress in individual therapy or how progress is expected to occur in the requested CPMP. The request also does not explain the inconsistencies in the patient's self-reports of what occurred on the date of injury or why a patient who was put at MMI 3 years ago still has not recovered from a strain/sprain. There is no documentation of testing which could address previous questions of malingering and no investigation into whether or not treatment team would need to consult with a current outside psychiatrist before prescribing medications or starting other psychiatric interventions. Given these contraindications, the current request cannot be considered reasonable or medically necessary.

Psychological treatment: Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested:

Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention.

Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy.

Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also [Multi-disciplinary pain](#)

[programs](#). See also [ODG Cognitive Behavioral Therapy](#) (CBT) Guidelines for low back problems. ([Otis, 2006](#)) ([Townsend, 2006](#)) ([Kerns, 2005](#)) ([Flor, 1992](#)) ([Morley, 1999](#)) ([Ostelo, 2005](#))

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)