

# Applied Assessments LLC

*An Independent Review Organization*

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## Notice of Independent Review Decision

**DATE OF REVIEW:** June 26, 2008

**IRO CASE #:**

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

20 sessions of Chronic Pain Management Program

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

M.D., 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)

Upon independent review the reviewer finds that the requested 20 sessions of Chronic Pain Management Program is not medically necessary.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

Among the medical records presented for review is an April 7, 2008 request for a chronic pain program (CPMP) that was not certified. This determination was appealed and that appeal was not certified. This second adverse determination was based on the fact that all appropriate lower levels of care had not been delivered to the injured employee. The requesting provider took exception to that assessment. A rather lengthy response that did not contain specific clinical data was noted.

The March 21, 2008 note from Dr. specifically notes that the symptoms are "especially worse without attended therapeutic treatment for pain" indicating that no functional improvement is noted unless the injured employee is at formal physical therapy. This is somewhat of a contradiction to the goals of physical therapy.

The ERGOS supporting data report indicates that this lady is an inspector and

the job level is heavy. It appears that the CPMP was started under the supervision of D.C. who felt that the claimant met the criteria for entrance into this program based on Medicine Ground Rules that have been withdrawn by the then TWCC. The standards as noted in the Division mandated Official Disability Guidelines are not mentioned.

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

As noted in the Official Disability Guidelines, a CPMP is recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Neither of these standards was noted or met in the data presented by the requesting provider. The ODG also note that a predictor of failure is "(4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability)." When considering the date of injury, the failures of every past intervention and noting the increased psychological scores, there is no reasonable expectation of a positive outcome. Tempered by the minimal improvement with the treatment already completed, there is no clinical indication for this request.

It also should be noted that the response to the non-certification is relatively formulaic as the document quotes Medicine Ground Rules that have been withdrawn years ago and cite a TWCC that was gone out of existence three years ago. Such boilerplate approach does not assist in the clinical review needed for such a determination.

The indication for this type of treatment as reported by the ODG are not met, the requirements for admission are not met as the predictors of failure are noted and there is no reasonable expectation that this program would change this lady's outcome. This reviewer finds that the requested 20 sessions of a Chronic Pain Management Program is not medically necessary.

**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)**