

# US Decisions, Inc.

*An Independent Review Organization*

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## Notice of Independent Review Decision

**DATE OF REVIEW:** June 30, 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 Psychiatry with Added Certifications in Pain Medicine and Forensic Psychiatry and Licensed to Practice in Texas

### **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]:**

The worker was injured on xx/xx/xx. The diagnosis listed on the January 16, 2008 Report is "left rotator cuff syndrome" yet the report documents the injured worker fell at work and sustained an injury to his left knee requiring two surgeries. (11-06 and 7-10-07) with subsequent "physical therapy, e-stim, ultrasound, massage, exercise therapy, and heat and ice and reports that physical therapy was not helpful." The injured worker is not currently working with complaints of pain in the left knee and hip. The claimant has "fears his knee will prevent him from doing" his work, which involves working with steel bars. Psychological assessment documents mild depression and mild anxiety and psychosocial stressors. Pain is rated as an 8/10 on a daily basis. Diagnoses are identified as chronic pain resulting from a xx/xx/xx work injury; Depression resulting from

the work injury and Anxiety resulting from the work injury. Current medications are listed as Celebrex 200 mg. q.i.d. and Lidoderm Patch and Flexeril.

Functional Capacity Evaluation on 12/11/07 found the injured worker to be at the capacity characterized by the Sedentary Physical Capacity.

The previous request for the CPMP was denied because the injured worker had not completed a secondary program such as psychiatric counseling with antidepressants. The March 25, 2008 letter by Dr. , D.O. documents the primary problems for the injured worker as being persistent pain complaints complicated by emotional stressors and the claimant had “exhausted individual counseling sessions, testing, injections and work hardening.” The records show the claimant made little functional improvement with 10 sessions of work hardening in the 2/13/08 report and that was the basis for the referral for chronic pain management. The current request is for 20 sessions of 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 20 sessions of Chronic Pain Management Program is not medically necessary. The claimant is diagnosed with two psychiatric conditions as a result of the injury, Depressive Disorder and Anxiety Disorder in addition to the chronic pain condition. The injured worker has not had an adequate trial of other methods that could “result in significant clinical improvement” and allow this man to manage his chronic pain complaints. Therefore Item (2) of the criteria submitted below has not been met. There are methods known to be effective for the treatment of anxiety, depression and chronic pain with psychosocial determinants that have not been used to date. Therefore, the request for a tertiary level CPMP is not consistent with ODG Guidelines.

**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.

Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). ([Sanders, 2005](#)) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. The patient should be at MMI at the conclusion.

Inpatient pain rehabilitation programs: These programs typically consist of more intensive functional rehabilitation and medical care than their outpatient counterparts. They may be appropriate for patients who: (1) don't have the minimal functional capacity to participate effectively in an outpatient program; (2) have medical conditions that require more intensive oversight; (3) are receiving large amounts of medications necessitating medication weaning or detoxification; or (4) have complex medical or psychological diagnosis that benefit from more intensive observation and/or additional consultation during the rehabilitation process. ([Keel, 1998](#)) ([Kool, 2005](#)) ([Buchner, 2006](#)) ([Kool, 2007](#))

As with outpatient pain rehabilitation programs, the most effective programs combine intensive, daily biopsychosocial rehabilitation with a functional restoration approach. ([BlueCross BlueShield, 2004](#)) ([Aetna, 2006](#)) See [Functional restoration programs](#).

**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)