

Independent Resolutions Inc.

An Independent Review Organization

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DATE OF REVIEW: March 22, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management X 20 days

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

Board Certified in Physical Medicine and Rehabilitation

Subspecialty Board Certified in Pain Management

Subspecialty Board Certified in Electrodiagnostic Medicine

Residency Training PMR and ORTHOPAEDIC SURGERY

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Letters Adverse Decisions 2/13/08, 2/15/08

Records Treatment Center

1/7/08 program description; 2/8/08 letter of appeal

Dr. 2/13/08 Clarification

2/15/08 Letter of appeal.

Dr. 2/6/08 Contract and treatment plan & Evaluation 6/20/07

assessment 8/14/0

FCE Report 1/28/08

MRI Report 5/11/04

PATIENT CLINICAL HISTORY [SUMMARY]:

This lady was injured when she slipped and injured her back working as a xxx. An MRI done on 5/11/04 described degenerative changes consisting of a disc bulge with facet arthropathy at L4/5 with associated minimal spondylolithesis and ligamentum flavum hypertrophy and borderline spinal stenosis. She apparently underwent a discectomy in June 2004 and a spinal fusion in December 2004. The surgical reports are not present. She had been treated for persistent pain with epidural injections, chiropractic care, physical therapy, and individual psychological counseling and work hardening. She failed to improve. She subsequently has been seen at Injury 1 treatment center. They cited additional diagnostic studies including a normal discogram with some anterior dye extravasation. No further surgical intervention is under consideration. Her evaluation showed depression and anxiety. These improved some as well as improved sleep during the interval from August 2007 to January 2008. Her pain, however, worsened during that time frame. She was found deconditioned during an FCE in January 2008. This was attributed to her lack of activity secondary to pain over the past 4 years. The FCE reported no inconsistencies other than invalid inclinometry studies. Her motivation had been questioned. She continues to smoke up to 1 pack per day. The FCE described her diagnosis as multiple levels of disc herniations from L3-4, L4-5 and L5-S1 with right sided L5/S1 radiculopathy.

Her current medication regimen includes Mobic, Zanaflex, Neurotoinin, Elavil, tramadol and Darvocet.

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

The Reviewer is not sure the pain generator was ever determined. The presence of the degenerative changes described did not show any disc herniation and there was no evidence of any radiculopathy in the records submitted for review. She would appear to be in chronic pain from a failed back syndrome after the two operations. Tramadol is not considered a controlled substance in the US. Darvocet is a weak analgesic. There does not appear to be any evidence of other opiate or opioid use.

Mr. and Ms cited the TWCC guidelines that are no longer in use. The ODG is the current criteria for use. This follows with italics emphasis on my part.

Chronic pain 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...

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](#))...

Predictors of success and failure... 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](#)) *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](#)) See also [Chronic pain programs, early intervention](#); [Chronic pain programs, intensity](#); [Chronic pain programs, opioids](#); and [Functional restoration programs](#).

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 sessions. ([Sanders, 2005](#)) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved....

The Reviewer has concerns following these guidelines. First, the comments upon chronicity would suggest she is a candidate. The Reviewer is concerned however over the amount of depression and (especially the increased) pain described. The smoking is another issue. The Reviewer is not clear from reading the records if she is motivated to change. Lastly, the ODG advises an initial treatment interval of 2 weeks followed by an assessment before a 20 session program is completed.

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)