

C-IRO, Inc.
An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: MARCH 17, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program x 20 Sessions

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

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

Adverse Determination Letters, 2/7/08, 2/21/08
ODG-TWC Official Disability Guidelines – Treatment in Workers' Comp. Integrated
Treatment/Disability Duration Guidelines, Pain.
MS, CRC, LPC, 1/31/08
2/7/08, 2/12/08, 2/19/08, 8/29/07 + addendum, 10/10/07
PT, 12/6/07
Plans and Goals of Treatment, 12/6/07
DO, 1/29/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient fell on her knee. She underwent a menisectomy. Subsequent treatments with therapy and injections did not help. She was hospitalized in 2003 for suicidal ideation secondary to the pain. She remains not working. She has significant anxiety, major depression and pain that did not respond to Dr.'s psychological intervention. The requestor would like a full 20 session of chronic pain management to help her deal with the pain. She is actively being treated for her depression at a local mental health clinic. Dr. wrote that the patient is not a candidate for surgery, but rather for a chronic pain program to help her deal with the psychological stressors, depression, and her "overlying psychosis."

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

The patient does not meet the ODG criteria for a chronic pain management program x 20 sessions. Negative predictors of success have not been addressed, and the request exceeds the recommended duration of treatment according to the guidelines.

The patient is at a prolonged period of disability, 6 years. The material provided shows significant ongoing psychological and psychiatric distress including "Major Depression." These would be covered in items 4 and 7 of the negative predictors for benefit as identified in the ODG criteria. The ODG specifically states that all criteria for the program must be met. The presence of these two negative predictors for success would limit her from the program. Logically, the longer time from injury, the longer the period of disability.

Second, the request is for 20 sessions. The ODG does not suggest treatment for longer than 2 weeks (that would be 10 sessions) without ongoing documentation of subjective and objective gains. This would in itself also exclude approval for 20 sessions.

The reviewer finds that 20 Sessions of Chronic Pain Management Program are not medically necessary.

ODG Guidelines, emphasis added in italics by reviewer:

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....

Types of treatment: Components suggested for interdisciplinary care include the following services delivered in an integrated fashion: (a) physical treatment; (b) medical care and supervision; (c) psychological and behavioral care; (d) psychosocial care; (e) vocational rehabilitation and training; and (f) education.

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)***; (emphasis mine) (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.**

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 patient should be at MMI at the conclusion.

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)