

# Applied Assessments LLC

*An Independent Review Organization*  
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## Notice of Independent Review Decision

**DATE OF REVIEW: MARCH 1, 2008**

**IRO CASE #:**

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

Multidisciplinary Chronic Pain Management Program 5 x week x 2 weeks.

### **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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Review of medical records and guidelines indicates the patient has a medical necessity for inclusion in a Multidisciplinary Chronic Pain Management Program, 5 x a week x 2 weeks.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

ODG Disability Guidelines and Treatment Guidelines  
Adverse Determination Letters, 12/26/07, 1/22/08

DO, 2/7/08, 2/2/08, 12/19/07, 12/20/07, 11/28/07, 11/14/07, 10/16/07, 8/29/07, 6/5/07,  
3/21/07, 2/21/07, 1/19/07, 5/12/06, 12/15/06, 11/17/06, 10/13/06, 9/14/06, 8/9/06,  
7/11/06, 6/26/06, 6/12/06, 5/26/06, 5/12/06, 6/9/06  
Physical Therapy Notes, 12/17/07, 8/14/07  
Unenhanced MRI of Cervical Spine, 6/2/06  
Unenhanced MRI of Right Shoulder, 6/2/06  
Unenhanced MRI of Lumbar Spine, 6/14/06  
MD, 5/15/06  
Xray, 5/16/06  
Dr. 11/1/07  
PT, 12/17/07, 1/11/08, 12/20/07

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

This xxx injured her right arm twisting and falling when catching a falling patient. She has been off work since with right shoulder pain, numbness in her right arm and right and left fingers, cervical and lumbar aching and burning in both legs. Physical examination shows local tenderness in the cervical and lumbar region and limited right shoulder motion. There was one report by Dr. of reduced sensation in the right C5/6 dermatome (6/9/06). Diagnostic studies included xrays, cervical MRI, lumbar MRI and right shoulder MRI. The lumbar MRI showed multiple level disc bulges without nerve root compromise. The cervical MRI showed a right paramedian C6-7 subligamentous disc herniation and moderate subarticular lateral recess compromise. There was also a C5-6 disc bulge with moderate foraminal compromise and facet arthropathy. The right shoulder MRI showed tendinosis in the right supraspinatus region. An ultrasound examination of the shoulder was consistent with this. There was an ultrasound of the cervical spine that was reported as generally normal. An EMG on 6/9/06 found no evidence of a radiculopathy. There was a suggestion of possible median motor and ulnar sensory conduction abnormalities. No other abnormalities were found, although the axillary and musculocutaneous nerves were not examined, but the radial nerve was examined. She has not responded to Neurotonin, Lyrica or Tramadol. She remains depressed with slow and guarded motion in the therapy sessions. The psychological assessment shows anxiety, depression and avoidance of activity. She had prior counseling, but was found to lack coping skills. The pain treatment program was advised by Dr. and the Pain group.

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

The patient meets the requirements for treatment in a multidisciplinary chronic pain management program for 5 times a week for 2 weeks. She has a large amount of depression and anxiety delaying her recovery. She has none of the negative factors listed in the ODG that would preclude her from participation. The psychology assessment did not describe any negative nor positive relationships with her employer or with work adjustment. She has a negative outlook about future employment representing her depression over loss of income and inability to care for her family. There were no preexisting psychological issues. Her education level is such that it is unlikely that she would be able to obtain alternative employment that would not be physically demanding.

ODG:

## 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.... It has been suggested that interdisciplinary/multidisciplinary care models for treatment of chronic pain may be the most effective way to treat this condition....Unfortunately, being a claimant may be a predictor of poor long-term outcomes. ([Robinson, 2004](#)) 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](#))...**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); (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.

## **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](#))...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)