



Notice of Independent Review Decision

DATE OF REVIEW: 3/31/08

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for twenty (20) days of an interdisciplinary chronic pain management program.

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

Texas Licensed Anesthesiologist/Pain Medicine Physician.

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.

The previously denied request for twenty (20) days of an interdisciplinary chronic pain management program.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- **Confirmation of Receipt of a Request for a Review dated 3/21/08.**
- **Company Request for IRO dated 3/20/08.**

- **Notice of Assignment of Independent Review Organization dated 3/24/08.**
- **Fax Cover Sheet/Comments dated 3/24/08.**
- **Notice to CompPartners, Inc. of Case Assignment dated 3/24/08.**
- **Request for Review by an Independent Review Organization dated 3/19/07.**
- **Request Information (unspecified date).**
- **Follow-Up Visit dated 2/12/08, 12/6/07.**
- **Physical Therapy Physical Evaluation dated 2/25/08.**
- **Requestor's Submission of Documents dated 3/24/07.**
- **Confidential Appeal to IRO dated 3/13/08.**
- **Medical Determination Report dated 3/11/08.**
- **Report Summary dated 3/3/08.**
- **Confidential Diagnostic Interview dated 3/5/08, 2/25/08.**

PATIENT CLINICAL HISTORY (SUMMARY):

Age:

Gender: Female

Date of Injury:

Mechanism of Injury: Lifting two boxes approximately 40 pounds each

Diagnosis:

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

This female sustained a work related injury involving the lumbar spine secondary to a lifting type mechanism. Subsequent to the injury, the patient had completed an extensive amount of physical therapy, medication management, and reportedly intervention pain management injections. All these treatments resulted in suboptimal pain relief reportedly. It appeared that patient also was suffering from psychosocial issues, i.e., depression/anxiety; also the patient had a significant past medical history of hypertension and diabetes. From the submitted progress note, dated 2/12/08, the patient continued with low back pain without radiation to the lower extremities, rated on visual analog (VA) score of 1 to 7/10 at rest and 8 to 9/10 with activity. The patient reported minimal improvement with present medication management consisting of Vicodin ES 1 p.o. q.4h. (maximum 4 per day). Of note, this patient continued to work regular duty. The patient appeared depressed and stated that she was not tolerating Cymbalta. Interestingly, there was no documentation of radiographic imaging studies and/or diagnostic testing which specifically outlined this patient's lumbar spine pathology and why she was having chronic pain. After a review of the information submitted, it was apparent to this reviewer that the previous non-authorization for 10 sessions of chronic pain management program be upheld. This patient is currently working light duty – regular duty and there was no need to place this patient in an intensive/functional restoration program. There are no controlled studies, evidence base standards or randomized clinical trials supporting the use of the unimodal psychotherapeutic techniques in producing reliable functional improvements with this type of chronic benign pain syndrome.

The main purpose of chronic pain management programs is to return a patient back to work. This patient has already returned to work light – regular duty. The Official Disability Guidelines state, **“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.
- (2) Previous methods of treating the chronic pain have been unsuccessful.
- (3) The patient has a significant loss of ability to function independently resulting from the chronic pain.
- (3) The patient is not a candidate where surgery 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.”

These criteria have not been met. Recommendation by this peer reviewer is the patient complete individual psychotherapy, which should address all of her psychosocial issues within reasonable time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
Official Disability Guidelines, Treatment Index, 5th Edition (web), 2006/2007 on chronic pain program.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).