

# Applied Assessments LLC

An Independent Review Organization  
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## Notice of Independent Review Decision

**DATE OF REVIEW:** 05/30/08

**IRO CASE #:**

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

10 sessions Chronic Pain Management Program

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

Clinical Psychologist; Member American Academy of 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)

Upon independent review the reviewer finds that the requested 10 sessions in a Chronic Pain Management Program is medically necessary.

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

Adverse Determination Letters 4/30/08, 5/7/08  
ODG Guidelines and Treatment Guidelines  
Request for Initial 10 Day Trial 4/25/08  
Environmental Interventions 4/29/08, 5/6/08  
Reconsideration 5/1/08  
Interdisciplinary Pain Treatment Components  
CPMP Design  
Patient Face Sheet  
Plans and Goals 4/17/08  
History and Physical 4/22/08  
Functional Abilities Evaluation 4/22/08  
Initial Behavioral Medicine Consultation 2/18/08  
MRI Cervical and Lumbar Spine 8/28/06  
Report of Medical Evaluation 3/24/08, 3/33/08, 1/19/07, 7/11/07  
Review of Medical History and Physical Exam 3/24/08, 1/19/07, 7/11/07  
Consultation, DO 1/28/08

MD 5/8/08, 4/14/08, 4/3/08, 3/12/08, 2/7/08, 1/28/08, 1/3/08  
Initial FCE 12/4/07  
New Patient Evaluation 12/3/07  
Daily Notes 1/8/08, 11/4/07, 12/11/07  
MD 11/3/06, 1/2/07  
FCE 3/25/08  
Treatment and Progress Notes 9/19/06 to 3/12/07  
MD 2/26/07  
Peer Reviews 1/4/07, 10/16/06  
MD 12/21/06  
DC 12/19/06, 9/18/06  
EMG/NCV Report 12/21/06

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

The claimant is a xx year-old male who sustained a work-related injury on xx/xx/xx. Patient was performing his usual job duties as a manager for xxxx, when records indicate he fell on his buttocks as he was attempting to sit down in a chair which rolled out from under him. He felt immediate onset of low back pain, and reported this to his supervisor. Patient attempted to return to work for another week, but pain continued and he sought medical attention.

MRI of the c-spine indicated C5-C7 multilevel spondylosis, left-sided, and MRI of the lumbar spine showed right posterolateral 2-3 mm protrusion at L4-5, a disk bulge and annular tear at L5-S1, and bulging disk at L3-4. Patient was eventually diagnosed with lumbar disk disease with intermittent radiculopathy, thoracic facet pain, thoracic myofascial pain, and possible cervical radiculopathy.

Over the course of his treatment, patient received x-rays, MRI's, EMG/NCV, FCE, and has been treated conservatively with active and passive physical therapy, medication management, chiropractic adjustments, work hardening, and individual therapy x 4, with no overall improvement in his pain. Surgery is not recommended. ESI's and medications have been recommended and denied by the carrier.

At the time of the initial eval for CPMP, claimant was exhibiting the following injury-related symptoms: low back pain that is rated 6/10 by the patient, difficulty sleeping, and difficulty with walking, standing, sitting, or driving over 1 hour. He was previously at a Medium to Heavy PDL, but is currently testing below sedentary. Patient is not currently working, but wishes to return to work and has expressed an interest in returning to the workforce "with a new company in a new job". Patient has been referred for CPMP by his treating physician and goals include: reduction in depressed/anxious symptoms, reduction in number of pain flare-ups, implementation of pain management coping strategies, decreased sleep maintenance insomnia, and development of a realistic RTW plan. This request is for the initial 10 days of a chronic pain management program.

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

Patient has continued low back pain with an identified pain generator, and has received evaluations from a medical doctor, a psychotherapist, and her treating chiropractor, all of whom agree patient needs a CPMP. Previous methods of treating the pain have been unsuccessful, and patient is not a candidate for surgery. Patient appears to have followed all doctor recommendations to this point, and reports motivation to continue to follow recommendations that would improve him so she can go back to work. He has a

significant loss of ability to function independently resulting from the chronic pain, both physical and behavioral, and there are no reported contraindications in the records available for review that have not been discussed with the patient. Per ODG, patient has followed a stepped-care approach to treatment, and is now in the tertiary stages of his treatment.

Current request has previously been denied for lack of progress with other treatments, but this is one of the criteria for entrance into a CPMP (see criteria #2), and it is therefore improper to deny services based on this rationale. Therefore, the current request for the initial 10 days of a chronic pain management program is deemed medically reasonable and necessary, per ODG criteria. Twenty days is generally established as meeting the minimum requirements for most patients, given that subjective and objective functional improvements are happening. Patient is not currently at clinical MMI, but should be at the end of the program.

ODG recommends CPMP for this type of patient, and ODG supports using the BDI and BAI, among other tests, to establish baselines for treatment. [Bruns D. Colorado Division of Workers' Compensation, Comprehensive Psychological Testing: Psychological Tests Commonly Used in the Assessment of Chronic Pain Patients. 2001.](#)

**See also:**

**Psychological treatment:** Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested:

**Step 1:** Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention.

**Step 2:** Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy.

**Step 3:** Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also [Multi-disciplinary pain programs](#). See also [ODG Cognitive Behavioral Therapy \(CBT\) Guidelines for low back problems](#). ([Otis, 2006](#)) ([Townsend, 2006](#)) ([Kerns, 2005](#)) ([Flor, 1992](#)) ([Morley, 1999](#)) ([Ostelo, 2005](#))

**Criteria for the general use of multidisciplinary pain management programs:2008**  
**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 KNOWLEDGBASE**
- AHCP- 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)