Applied Assessments LLC

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: 11/10/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Chronic pain management program 5x2

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Denial Letter 10/8/08 and 10/16/08
10/22/08 and 8/22/08
FCE 8/19/08
MRI 7/18/08 and 5/21/08
Records from 6/18/08 thru 10/21/08
5/28/08
6/3/08
6/20/08
8/14/08
7/29/08 thru 8/19/08
8/25/08
Diagnostic 5/3/08

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male who sustained a work-related injury on xx/xx/xx while performing his usual job duties . Records indicate that on the date mentioned, claimant was involved in an altercation. Someone grabbed his left arm and jerked it downward and pulled it up around him. Patient has had physical problems since that time, and has not yet returned to work.

Although there is no history of the injury or treatments to date in the behavioral report, other records indicate that over the course of his treatment, patient has received x-rays, MRI's, EMG/NCV, physical therapy, work hardening program, medication management, and group counseling. His medications have included Darvocet and Daypro. Physical exam of 5/28/08 requests an EMG, and gives impression of internal derangement of the left shoulder. EMG was positive for C6 or C7 radiculopathy on the right. Patient was referred for surgical consult with Dr. who recommended an arthroscopy, subacromial decompression, distal clavicle excision and SLAP repair. MRI of 7/18/08 revealed mild straightening of the normal lordotic curvature of the spine at C5-6 and C6-7; circumferential bulge with stenosis of the neuroforaminal canals at C3-4, C5-6, and C6-7. FCE of 6/18/08 placed him at sedentary to light PDL, and FCE of 8/19/08 (following WH program) placed him at a light PDL. His return to work PDL appears to be in the light to medium range.

Patient was evaluated on 8/22/08, where they found the following symptoms remaining after patient's group therapy sessions: Patient verbalization of disappointment in his situation, depressed feelings, stress, tension, pain at 5-6/10, fear of re-injury, and inadequate coping skills. He was diagnosed with 309.28 pain disorder. Patient was requested for the first ten days of a chronic pain management program, with goals of "improve coping skills, social skills, social support, improve self-esteem, increase level of functioning, improve vocationally…decrease dependency on health care system, minimize distress caused by anxiety and depression…"

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
ODG states that "an adequate and thorough evaluation" has to have occurred, which should include baseline functional testing so follow-up with the same test can note improvement or lack thereof. Although an FCE was done, there are no specific and objective end treatment goals in the behavioral report for this patient, no baselines, no mental status exam, no history, and no standardized testing completed at all, either during the group therapy or during this evaluation for the pain program.

There is also no explanation regarding the recommendation for surgery and whether or not this has occurred, been denied, or is pending. Since this is a contraindication for a tertiary pain program, this should have been addressed in the report also. Additionally, a stepped-care approach to treatment has not been attempted, as patient has received no individual therapy sessions.

TDI-DWC has adopted the ODG treatment guidelines as the standard for non-network workers' compensation claims. Based on ODG criteria and the records submitted for review, the current request is deemed not medically reasonable and necessary at this time.

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 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)