DATE OF REVIEW: October 22, 2008

IRO Case #:

Description of the services in dispute:

1. Ten (10) sessions Chronic Pain Management program.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician providing this review is board certified in Anesthesiology and is a doctor of Osteopathy. The reviewer is currently an attending physician at a major medical center providing anesthesia and pain management services. The reviewer has participated in undergraduate and graduate research. The reviewer has been in active practice since 1988.

Review Outcome

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

Based on ODG guidelines, the ten (10) sessions of Chronic Pain Management program is considered not medically necessary.

Information provided to the IRO for review

Records Received from the State:
Confirmation of receipt of a request for an IRO dated 10/02/08
Denial letter dated 07/31/08 from LVN
Appeal Deny Letter dated 08/27/08 from LVN

Records Received from Utilization Review Agent:
Confirmation of receipt of a request for an IRO dated 10/02/08
Denial letter dated 07/31/08 from LVN
Appeal Deny Letter dated 08/27/08 from LVN
Healthcare Systems, Fax cover sheet, dated 07/25/08

Healthcare Systems, Pre-Certification Request dated 07/24/08
Treatment plan/Quality of Care form dated 07/08/08 and 07/01/08Weekly summary physical, dated 07/08/08
Clinic, Patient information, Physical performance evaluation, dated 07/17/08
Healthcare Systems, request for appeal, dated 08/08/08 from LPC
Weekly summary physical, Response of Treatment, dated 07/15/08
Treatment summary, Response of Treatment, dated 07/16/08
Advantage, Examination findings, dated 08/05/08 from MD

Patient clinical history [summary]
The patient is a male . The patient has had work hardening and psychotherapy for a date of injury of xx/xx that is nonsurgical. He tested at light/medium and needs only light duty. His BDI and BAI are elevated. His MRI was negative. He has also had physical therapy and 2 injections.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.
This patient only has ongoing psychotherapy issues to deal with. His PDL is above what is required for his job. His MRI is benign indicating no further interventions are warranted. He has had work hardening. At this point, a chronic pain program, which contains both physical and emotional rehab aspects, is not medically necessary as the patient has no need for further physical reconditioning.

Question 1: Ten (10) sessions Chronic Pain Management program.

Based on ODG guidelines, the ten (10) sessions of Chronic Pain Management program is considered not medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:
ACOEM pg 113-116.

ODG: 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 (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (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. (Note: Patients may get worse before they get better. For example, objective gains may be moving joints that are stiff from lack of use, resulting in increased subjective pain.) However, it is also not suggested that a continuous course of treatment be interrupted at two weeks solely to document these gains, if there are preliminary indications that these gains are being made on a concurrent basis. Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function.

Inpatient pain rehabilitation programs: These programs typically consist of more intensive functional rehabilitation and medical care than their outpatient counterparts. They may be appropriate for patients who: (1) don't have the minimal functional capacity to participate effectively in an outpatient program; (2) have medical conditions that require more intensive oversight; (3) are receiving large amounts of medications necessitating medication weaning or detoxification; or (4) have complex medical or psychological diagnosis that benefit from more intensive observation and/or additional consultation during the rehabilitation process. (Keel, 1998) (Kool, 2005) (Buchner, 2006) (Kool, 2007) As with outpatient pain rehabilitation programs, the most effective programs combine intensive, daily biopsychosocial rehabilitation with a functional restoration approach.

(BlueCross BlueShield, 2004) (Aetna, 2006) See Functional restoration programs.