

Clear Resolutions Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: OCTOBER 26, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program x 10 Sessions

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

MD, Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in 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)

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 reviewer finds that medical necessity exists for Chronic Pain Management Program x 10 Sessions.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 9/4/08, 9/16/08
ODG Guidelines and Treatment Guidelines
Functional Restoration Services 6/30/08, 8/25/08, 9/9/08, 6/12/08, 6/23/08, 9/8/08,
7/8/08
Letter 2/19/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This woman was reportedly injured in xxxx when she fell off an 18 foot ladder onto a concrete floor. She subsequently underwent 9 spinal operations including a fusion, removal of hardware, morphine pump and its removal for infection. She completed 30 sessions of a functional restoration (pain) program this summer. She has substituted Suboxone for Morphine. (Suboxone is an opioid used to treat withdrawal symptoms and cravings). She is also on Cymbalta. She has ongoing depression and anxiety. Her providing doctor has provided evidence of some improvement in function, but also in this patient's quality of life. He feels she has not reached a plateau. He feels the additional 10 pain management sessions/days be given over 2 weeks in one note, and over a month in another note.

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

This program is certified. This demonstrates a quality level for the program, and not the medical justification for the program. The question is not whether she should be in a program, but whether she should have 10 additional sessions beyond the 30 already provided. A goal of the programs is reduced pain, another is reduced opioid use, and lastly improved function. These were not presented in an order of importance. This patient has not yet demonstrated significant pain reduction. She has reduced, or rather substituted, her reliance on opiates. Her doctor describes significant improvement in her quality of life, and a reduction in her negativity.

The ODG describes the duration of the program as follows:

“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.**”

The patient has had 30 sessions when 20 are the norm for the maximum.

However, the patient's doctor describes a rationale for the additional 10 sessions with reasonable goals to be reached, and those already accomplished. He further justifies the reasons for the extension, basing his rationale on the chronicity of this patient's disability.

The ODG cites in its forward that “The publications are guidelines, not inflexible prescriptions and they should not be used as sole evidence for an absolute standard of care. Guidelines can assist clinicians in making decisions for specific conditions...but they cannot take into account the uniqueness of each patient's clinical circumstances.”

The reviewer believes that this patient's clinical circumstances are unique and that her providing doctor has adequately described a rationale for her to receive an additional 10 sessions of CPMP. Therefore, the reviewer will diverge from the guidelines and find that medical necessity exists for Chronic Pain Management Program x 10 Sessions.

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)