

I-Decisions Inc.

An Independent Review Organization

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DATE OF REVIEW: OCTOBER 26, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program x 20 Sessions (5x/week for 4 weeks)

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)

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 does not exist for Chronic Pain Management Program x 20 Sessions (5x/week for 4 weeks).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 9/10/08, 9/29/08

ODG-TWC, Pain

10/10/08, 9/2/08, 8/19/08, 7/22/08, 6/24/08

Treatment Plan, 9/2/08

Treatment, 9/3/08

FCE, 7/1/08

Orthopaedic, 6/12/08, 9/16/08

8/13/08

Treatment Clinic, 6/6/08

Letter, 10/10/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who sustained a work-related injury on xx/xx/xx while performing her usual job duties . Records indicate she injured her right upper extremity . FCE records indicate the patient reported that she felt immediate pain in her right middle finger and her right hand. The patient called her supervisor, finished her shift, and rested over the weekend. When the pain persisted, she went to her family physician and was referred to an orthopedist. The patient has not yet returned to work.

Over the course of her treatment, patient has received x-rays, pre- and post-surgical physical therapy (50 sessions), psychological evaluations, 6 individual therapy sessions, work hardening program x 10, injections, and medications management. In 2007, patient first underwent right carpal tunnel release (6/28/07), and then medial epicondylar release of the right elbow (10/25/07). Her medications have included Darvocet, Motrin, Ketoprofen 6% cream, and Lyrica.

Patient was approved for, and has participated in 6 IT sessions, decreasing her pain level from 7/10 to 5/10. Patient has been referred for CPMP, and that is the subject of this request. Patient was evaluated by on xx/xx/xx, where they found the following: increased crying episodes, memory problems, feelings of hopelessness, feeling lonely, inability to relax, easily angered, changes in appetite, often needing pain medication to relieve the pain, headaches, increased muscle tension, decreased self-confidence, decreased sleep (sleeping an average of 6 versus 8 hours), etc. She reports decreased ADL's, driving tolerance of 30 minutes, sitting and standing tolerances of 1 hour, and walking tolerance of 90 minutes. On a scale of 1-10, patient rated a 10/10 for "worry". She rates the following things an 8 or 9/10: anger, irritability, insurance claims problems, muscle tension, and sleep problems. She rated her pain as 5/10. She was diagnosed with pain disorder, sleep disorder, and mixed adjustment disorder and recommended for a twenty day chronic pain management program. The goals to be achieved are: increase GAF from 60 to 80, increase cardio tolerance from 5 to 25 minutes, decrease BDI from 30 to 6, decrease BAI from 15 to 3, decrease pain from 5/10 to 1/10, increase sleep form 6 to 9 hours, increase activity levels from 3 to 9 hours, and increase tolerance for strengthening exercises from 5 to 25 minutes.

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

It is unclear from the records that were reviewed whether this patient has improved physically from the numerous PT and WH interventions she has been given to date. There was no explanation provided as to why she needs to continue with more of the same kinds of services. It is also unclear why WH was discontinued after the initial 10 days, with a request then submitted for a CPM program. There are no substantive individualized treatment goals in the behavioral report for this patient, no mental status exam, no history, and no standardized testing other than the BDI and BAI.

According to the medical records, this patient can tolerate 90 minutes of walking per day. However, the stated physical goals for the requested CPMP start at 5 minutes and increase to only 25 minutes. There is also no step-down protocol to address the narcotic medication. Additionally, notes made just before and just after the behavioral eval seem to be discrepant regarding patient status. For example, office note of 9/16/08 by ,MD shows that "the injection I gave her at the last visit for the carpal tunnel did help her. She has less pain to the hand region, though has sensitivity along the elbow incision." The patient's chief complaint is listed as "I am still having some sensitivity to my right

arm.” Notes for a physical exam dated xx/xx/xx indicate patient is s/p 2 weeks of work hardening program, and states that “ROM right hand WNL; grip strength bilateral.”

Per ODG, patient does not seem at this time to have a significant loss of ability to function independently resulting from the chronic pain, both physical and behavioral. 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. The reviewer finds that medical necessity does not exist for Chronic Pain Management Program x 20 Sessions (5x/week for 4 weeks).

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.

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)