



DATE OF REVIEW: April 13, 2009

IRO Case #:

Description of the services in dispute:

Chronic pain management program, 10 sessions.

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

The Psychologist who performed this review is licensed in Psychology by the state of Texas. This reviewer is a Diplomate of the American College of Forensic Examiners. They also hold a master certification in Neuro Linguistic Programming. The reviewer provides services for both adult and pediatric patients within their practice. The reviewer has been in active practice since 1976.

Review Outcome

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

Upheld

Given the current clinical data, the determination is made to uphold the previous two denials of chronic pain management program and find that chronic pain management program is not medically necessary for this patient.

Information provided to the IRO for review

1. Confirmation of receipt of a request for review by IRO dated 03/30/09
2. Company request for IRO
3. Request for review by an IRO dated 03/30/09
4. Letter of non-certification dated 02/24/09
5. Appeal determination dated 03/24/09
6. Preauthorization request dated 02/20/09
7. Preauthorization intake form dated 02/20/09
8. Request form dated 02/06/09
9. Initial interview dated 01/26/09

10. Letter dated 01/13/09
11. Computerized spinal range of motion exam dated 01/13/09
12. Letter dated 03/14/08
13. Follow up note dated 08/20/02
14. Independent medical evaluation dated 02/06/02
15. Follow up note dated 01/25/02
16. Follow up note dated 11/09/01
17. Follow up note dated 10/23/01
18. Physical therapy progress report dated 06/15/01
19. Physical therapy initial evaluation dated 05/30/01
20. MRI of the lumbar spine dated 05/04/01
21. Medical records from Medical Center dated 01/25/01
22. Operative report dated 01/25/01
23. MRI of the lumbar spine dated 10/28/00
24. Reconsideration request dated 03/17/09
25. Preauthorization intake form dated 03/17/09
26. Request for reconsideration dated 03/17/09

Patient clinical history [summary]

The patient is a female whose date of injury is listed as xx/xx/xx. On this date the patient reportedly injured her back while lifting a heavy container with poultry waste. The patient reports that she felt immediate pain in her lower back and was unable to move. The patient was provided pain medication and physical therapy and subsequently underwent a work hardening program with no progress reported. The patient also underwent injections, but reported that they made her sick. The patient continued experiencing severe back pain, exercise aggravated her pain and she was feeling sad and frustrated. The patient subsequently underwent microscopic hemilaminotomy and disc excision left side L5-S1 on 01/25/01 followed by a course of postoperative physical therapy. The patient reported that her condition improved some and she had good and bad days. Months after surgery the patient returned to work with restrictions; however, the pain continued and the patient resigned from her position. MRI of the lumbar spine dated 05/04/01 revealed degenerative/post curettage changes with a 3 mm posterior broad based post discectomy disc bulge and spondylosis in the ventral epidural fat at L5-S1 and slight degenerative retrolisthesis of 2 on 3 with mild posterior broad based disc pseudobulge. The patient underwent an independent medical evaluation on 02/06/02 performed by Dr. The patient was reportedly working with lifting restrictions at that time. Treatment at that time was listed as medication only. The patient reports that postoperatively her pain has remained the same. The patient was reportedly placed at maximum medical improvement on 08/09/00 with a 0% whole person impairment by Dr. and it was opined that no further treatment was necessary at that time. Dr. felt that "the examinee demonstrated significant symptom magnification and there was significant concern regarding

secondary gain". Dr. reported that the patient had a normal neurological examination without evidence of radiculopathy and determined that the patient had reached maximum medical improvement. The patient was capable of continuing to work with the same restrictions. Dr. stated that treatment has not been beneficial and current treatment is simply continuing medication. The patient was recommended to take an over the counter analgesic, and no further treatment was recommended. A note dated 03/14/08 indicates that the patient is to stay on an exercise program and that she can continue working regular duties. The patient was subsequently recommended to participate in a chronic pain management program. The patient underwent a psychological evaluation on 01/26/09. The patient's psychological symptoms of depression and anxiety appeared to be marked by feelings of sadness, irritability, hopelessness and helplessness; inability to get pleasure out of life; feelings of frustration and restlessness; discouragement about the future; difficulty concentrating; decreased sleep pattern; financial stress; nervousness; inability to relax and fear of re-injury. Medications were listed as Celebrex and Vista. The patient was previously referred for psychological evaluation in July 2000 and was diagnosed with generalized anxiety disorder and chronic back pain. The patient was prescribed medication at that time and underwent three individual psychotherapy sessions. The patient reported feeling sad often due to the limitations imposed by her pain, but is not currently taking any psych medications. The patient complains of intermittent pain in her back rated as 5/10. The patient was diagnosed with adjustment disorder with mixed anxiety and depressed mood; and pain disorder associated with psychological factors and a general medical condition, chronic. Beck Depression Inventory score is reported as 20 and Beck Anxiety Inventory score is 23. The patient was determined to be an appropriate candidate for a chronic pain management program to enhance coping mechanisms to more effectively manage pain and achieve success in rehabilitation. The request for chronic pain management program was denied on 02/24/09 by Dr. Dr. noted that the clinical indication and necessity of the program was not established. There were ambiguities with respect to medication and dates of employment. Psychometric testing was reportedly invalid as the patient only has a 4th grade education. Most importantly, Dr. opined that there is no substantive rationale for why a patient with a history of pain can be expected to make clinically meaningful improvements in the program. A reconsideration request was subsequently submitted noting only that "Official Disability Guidelines from the Work Loss Data Institute consider tertiary chronic interdisciplinary pain programs as the standard of treatment". The request was again denied on 03/24/09. The reviewer noted that the appeals correspondence did not adequately address the deficiencies cited in the initial denial. It was noted that the patient has previously completed a work hardening program and that neither re-enrollment in nor repetition of the same or similar rehabilitation program is supported by ODG. The reviewer noted that this is a xx year old injury and the etiology and maintenance of the patient's pain complaints have not been adequately assessed.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

Chronic pain management program x 10 sessions is not medically necessary for this patient. The patient sustained an injury to the low back over xx years ago. The patient was subsequently treated with medication, physical therapy, injections, a work hardening program without any reported relief, and surgical intervention. The patient returned to work at modified duty, but subsequently resigned secondary to reports of continued pain. Independent medical evaluation performed in February 2002 determined that the patient had reached maximum medical improvement with a 0% impairment rating and recommended no further medical treatment. Additionally, the IME report indicates that the patient was previously seen by Dr. in August 2000, only months after the injury, and he found that the patient had reached maximum medical improvement at that time with a 0% whole person impairment. Dr. reported that no further treatment was necessary and felt that “the examinee demonstrated significant symptom magnification and there was significant concern regarding secondary gain”. The IME doctor reported that treatment to date had not been effective and that current treatment consisted only of medication management. The submitted records do not document that the patient has exhausted lower levels of care as required by the Official Disability Guidelines prior to enrollment in a tertiary-level chronic pain management program. The patient sustained an injury over years ago and has been maintained largely on oral medications since surgical intervention in 2001. Additionally, the patient previously underwent a work hardening program with no reported improvement and current evidence based guidelines do not support re-enrollment in or repetition of the same or similar rehabilitation program. Given the current clinical data, the determination is made to uphold the previous two denials of chronic pain management program and find that chronic pain management program is not medically necessary for this patient.

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG Treatment Integrated Treatment/Disability Duration Guidelines, Pain Chapter, Online Version