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Notice of Independent Review Decision

DATE OF REVIEW: April 6, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Chronic pain management program, ten sessions

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The physician providing this review is a Psychologist. The reviewer is licensed in Psychology in the State of Texas. The reviewer is a member of the American Psychological Association, and the International Neuropsychological Society. The reviewer has been in active practice for 28 years.

REVIEW OUTCOME

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

☒ **Overturned** (Disagree)

Medical documentation **supports the medical necessity** of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI

- Utilization reviews (02/05/09, 02/27/09)
- Office visit (11/14/07)
- FCE (07/03/08 – 10/30/08)
- CPMP (12/22/08 – 01/28/09)

ODG criteria have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male who sustained right wrist injury on xx/xx/xx, while trying to pull the release arm off the fifth wheel of the tractor using a hook.

Following the injury, the patient was evaluated at Medical Clinic with x-rays that revealed Colles' fracture. He was placed in a splint and was given an injection. Dr. placed him in a cast and prescribed medications. The patient was treated conservatively by Dr. In a psychological evaluation, Ph.D., noted the Beck

Depression Inventory (BDI) score 35, Beck Anxiety Inventory (BAI) score 32, and current GAF of 60. Pain level was 8/10. Dr. diagnosed pain disorder associated with both psychological factors and a general medical condition, adjustment disorder with mixed anxiety/decreased mood, sleep disorder due to a general medical condition, and psychological stressors (PSS) 4 moderate, pain, financial hardship, family stressors and multiple social losses. He stated the anxiety and depression levels were at severe levels clearly affecting the level of functioning. The pain resulting from work-related injury was preventing the patient from adjusting to his current situation and from participating in the daily care and social activities. Dr. recommended pharmacological evaluation, eight sessions of individual psychotherapy, and continuing medical treatment from pain management.

In July 2008, a functional capacity evaluation indicated the following: *In December 2007 Dr. diagnosed a trigger finger of the right hand and healing Colles' fracture and continued conservative treatment and medications. In January 2008, Dr. removed the cast and initiated right wrist/hand rehabilitation. Magnetic resonance imaging (MRI) of the right hand revealed no significant abnormalities. An MRI of the right wrist demonstrated a fracture through the distal radial metaphysis with slight volar angulation, moderate joint effusion of the distal radioulnar joint and borderline mild effusion of the radiocarpal and mid carpal joint, small central perforation of the triangular fibrocartilage (TFCC), and mild tenosynovitis of the extensor carpi radialis brevis, longus tendons extensor digitorum, and extensor carpi ulnaris tendon. In an orthopedic evaluation, Dr. diagnosed an open fracture of the right wrist and trigger finger of the right fourth digit, injected the right fourth finger x2 and wrist x1, and recommended continuing medications, ointments, and therapy. On May 8, 2008, Dr. performed a trigger finger release of the right finger. The patient later completed initial postoperative physical therapy (PT).*

In an FCE, the patient did not demonstrate the physical abilities necessary for him to return to his previous position . Aggressive active rehabilitative exercise program and strengthening of the right upper extremity was initiated.

On September 11, 2008, Dr. performed right wrist arthroscopic debridement of TFCC tear. Postoperatively, Dr. initiated PT and prescribed medications.

In October 2008, an FCE revealed that the patient did not meet critical physical demand level (PDL) of his previous position of employment and was recommended active aggressive postoperative rehabilitative exercise program and strengthening of the right upper extremity.

From December 2008 through January 2009, the patient attended six sessions of individual psychotherapy. With this treatment, BDI reportedly improved to 27 and BAI to 20. A psychological evaluation indicated BDI at 43, BAI at 32. In an FCE performed on January 27, 2009, the patient qualified at a light PDL versus medium-to-heavy PDL required by his job. The patient was off work since October 2008.

On February 5, 2009, the request for chronic pain management program (CPMP) five per week for two weeks was denied by Ph.D., with the following rationale: *The patient has not exhausted lower levels of care. The patient's Beck scores*

have gone from 43 to 27 and anxiety scale scores have gone from 32 to 20. A medication evaluation for psychological problems would be appropriate. Given the current clinical data, the request for chronic pain management was not indicated as medically necessary. Based on the clinical information submitted for this review and using the evidence-based, peer review guidelines referenced above, this request for chronic pain management 5 x wk x 2 wks is not medically necessary.

On February 27, 2009, Ph.D., denied the appeal with the following rationale: *Apparently, this patient has completed an initial trial of psychological treatment with excellent results. There is no reason to discontinue this treatment and progress the patient to a tertiary care program. Based on the clinical information submitted for this review and using the evidence-based peer review guidelines referenced above, this request for an appeal/reconsideration for 10 sessions of chronic pain management treatment/functional restoration should be denied. The original adverse determination should be sustained.*

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

The claimant injured his wrist in xx/xx. He has had extensive treatment. A psychological evaluation diagnosed a pain disorder and an adjustment disorder. 6 sessions of individual psychotherapy were completed with a reduction in the severity of the anxiety and depression. There was no change in the claimant's functional abilities. He has not returned to work and his pain persists. All treatment options are reportedly exhausted. 10 sessions of a chronic pain management program were requested. The original request was denied as was the appeal. The basis of the denial was that psychotherapy was working and should be continued.

The ODG recommends a 10 session trial of a chronic pain management program to treat chronic pain as measured by increased functional abilities. It has been suggested that interdisciplinary/multidisciplinary care models for treatment of chronic pain may be the most effective way to treat this condition. (Flor, 1992) (Gallagher, 1999) (Guzman, 2001) (Gross, 2005) (Sullivan, 2005) (Dysvik, 2005) (Airaksinen, 2006) (Schonstein, 2003) (Sanders, 2005).

The claimant, although improved symptomatically with individual psychotherapy, was not making any objective improvements in his functional abilities. This is a critical aspect for the ODG and thus a trial of a more comprehensive program with return to work as a goal can be supported as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**