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Notice of Independent Review Decision

DATE OF REVIEW: 08/14/09

IRO CASE #:

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

This case was reviewed by a Pain Management (Board Certified), Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Additional pain management 5x/week x 2 weeks lumbar

REVIEW OUTCOME

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

Upheld (Agree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o 10-16-08 Behavioral Medicine Consultation
- o 06-10-09 PT report/Detailed Narrative report and FCE results/Interim PPE from PT
- o 06-15-09 Chronic Pain Management Program pre-authorization request from Dr. fax
- o 06-15-09 Request for 10 final days of a CPMP
- o 06-18-09 Adverse determination letter Req for additional CPCP x 10
- o 06-24-09 Request for Reconsideration with program components attached.
- o 06-29-09 Adverse determination for reconsideration, 10 additional CPMP visits
- o 07-31-09 Request for IRO from the claimant

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records and prior reviews the patient is a male who sustained an industrial injury to the low back on xx/xx/xxxx when he slipped, turned to the right quickly, and felt a pop in his low back. He was initially treated at the VA with pain medication and muscle relaxants. MRI was performed and showed degenerative changes and crowding of the nerve roots. He was provided one epidural injection in November 2008 and then underwent spinal decompression surgery on January 21, 2009. He completed a course of individual psychotherapy and one session of biofeedback. He was deemed a good candidate for a chronic pain management program (CPMP) and has completed 10 sessions (20 days).

An interim PPE was performed in physical therapy on June 10, 2009. The patient is 5' 9" and 175 pounds. He was injured on the left side of his low back. He attended 16 of 20 pre-authorized sessions in the CARF-accredited Work Hardening program. The patient reports symptoms of lower back pain and persisting numbness in the left leg and foot, and partial in the right. He has

hypertension. He suffered an injury to the orbit of the right eye in previous work . He is currently off his non-insulin dependent diabetic (NIDD) medications secondary to kidney issues from his diabetes. He can drive for 2 hours before needing a rest. L5-S1 sensation is diminished on the right. Motor strength is normal. Left balance is poor, based on 30-second test. The patient is able to work at a Medium-Heavy Physical Demand Level for an 8-hour day. His Torso Lift capacity is 118.9 pounds. Testing shows his injured area has returned to a normal or near normal function. He has a 16% whole body impairment in regard to range of motion. He has benefited from the CPMP. However, he continues to experience high pain levels with exertion/activity. He desires to return to his former line of work, but has remaining balance issues with the left lower extremity that can be addressed further in order to assure his safety on uneven surfaces. Recommendation is for additional CPMP sessions to improve his balance on uneven terrain and reduce his risk of re-injury.

Request for 10 additional days of the chronic pain management program was made on June 15, 2009.

Request for 10 additional sessions of pain management was not certified in review on June 18, 2009 with rationale that the patient has completed 20 days in pain management and previously attended 20 sessions of work hardening and guidelines state treatment duration for these programs should generally not exceed 20 full-day (160 hours). Treatment duration in excess of 160 hours requires a clear rationale for the specified extension and reasonable goals to be achieved. The provider did not clarify the reason for additional pain management program. A peer discussion was attempted but not realized.

The provider responded with a request for reconsideration dated June 24, 2009: The report is essentially identical to the initial request of June 15, 2009. The provider notes that a repeat of the program is not being requested, but an additional 10 days. Although the patient is at his required PDL (Medium-Heavy), several job specific tasks remain a deficit area (see below). We have formulated a specific treatment plan for the final 10 days of care. Psychologically, the patient does indeed have slightly increased symptoms, because, according to the patient, he feels as though he is getting behind on life, as he has not worked for 1.5 years. Overall, he is highly motivated. The patient was able to reduce several medications and discontinue Lyrica. His Torso Lift strength was increased 27%, bilateral lumbar bending was increased 40% on the right and 57% on the left. The patient has noted reductions in pain and frustration, but increases in muscle tension/spasm, anxiety, depression, sleep disturbance and forgetfulness/poor concentration. ODG allows for some setback early in CPMP (first two weeks). The patient remains deficient in specific job tasks of lifting and carrying 20 pounds of equipment up to 5 miles 2-4 times per day, walking on uneven ground maintaining balance and driving as much as 3-4 hours one way to a job site. The patient has been compliant with the program and has made gains that allow justification for continuing the program. The CPMP is a CARF accredited program.

Request for reconsideration for 10 additional sessions of pain management was not certified in review on June 29, 2009 with rationale that psychologically, negligible evidence of functional progress was submitted in the reviewed documentation. Only a decrease in frustration and pain was noted. Several other psychological scores actually got worse. The claimant's physical condition did show considerable improvement during the first 20 sessions of his pain management program including strength and range of motion. He has reached his required PDL level. However additional CPMP is reportedly needed as the claimant is unable to tolerate duties such as walking, and balancing on his left leg, on uneven ground and carrying 20 pounds of equipment up to 5 miles 2-4 times during the course of the day. The patient has a diagnosis of lumbar sprain. Diagnostic imaging results are not submitted. A peer discussion was attempted but not realized. The FCE submitted indicates the patient has already achieved significant gains. There appears to be no substantial basis for treating this patient as an "outlier" as requested by the provider in regard to the ODG criteria for CPMP sessions past 20 visits.

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

Per ODG, treatment duration in excess of 160 hours requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans explaining why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed.

The patient is noted to have attended 16 of 20 preauthorized work hardening sessions. He has also completed 20 sessions of a chronic pain management program with some benefits noted. He is able to work at his required work demand level and his injured area has returned to a normal or near normal function. Additional sessions are requested essentially based on a 30-second left leg balance test. The patient has chronic residual numbness in the left foot status post lumbar surgery, which likely affects his balance when standing on one leg. An actual test measuring walking on uneven ground does not appear to have been performed and the conclusion of "poor to none" tolerance for walking on uneven ground, maintaining balance, appears to be based on a 30 second test of standing on the right and left leg. Otherwise, the patient, despite diabetes and hypertension, is able to walk for 40 minutes before needing to rest and is able to drive for 2 hours with limited difficulty.

The patient does not appear to have medication issues or significant psychological issues. He does not appear to need vocational counseling or educational group therapy or additional biofeedback training. There may be an additional four sessions of work hardening available to the patient. In any case, balance issues could be addressed in HEP with a wobble board. Continuation of CPMP beyond 20 sessions requires extraordinary criteria that do not appear to have been met. Therefore, my recommendation is to agree with the previous non-certification for 10 additional sessions of the chronic pain management program.

The IRO's decision is consistent with the following guidelines:

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
- X ____ 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

The Official Disability Guidelines, Pain Chapter (7-22-2009) Functional Restoration/Chronic Pain Management Programs:

Criteria for the general use of multidisciplinary pain management programs:

Outpatient pain rehabilitation programs may be considered medically necessary in the following circumstances:

(1) The patient has a chronic pain syndrome, with evidence of loss of function that persists beyond three months and has evidence of three or more of the following: (a) Excessive dependence on health-care providers, spouse, or family; (b) Secondary physical deconditioning due to disuse and/or fear-avoidance of physical activity due to pain; (c) Withdrawal from social activities or normal contact with others, including work, recreation, or other social contacts; (d) Failure to restore preinjury function after a period of disability such that the physical capacity is insufficient to pursue work, family, or recreational needs; (e) Development of psychosocial sequelae that limits function or recovery after the initial incident, including anxiety, fear-avoidance, depression, sleep disorders, or nonorganic illness behaviors (with a reasonable probability to respond to treatment intervention); (f) The diagnosis is not primarily a personality disorder or psychological condition without a physical component; (g) There is evidence of continued use of prescription pain medications (particularly those that may result in tolerance, dependence or abuse) without evidence of improvement in pain or function.

(10) Treatment is not suggested for longer than 2 weeks without evidence of compliance and significant 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 they are being made on a concurrent basis.

(12) Total treatment duration should generally not exceed 20 full-day (160 hours) 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 160 hours requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans explaining why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed).

(13) At the conclusion and subsequently, neither re-enrollment in repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, out-patient medical rehabilitation) is medically warranted for the same condition or injury (with possible exception for a medically necessary organized detox program). Prior to entry into a program the evaluation should clearly indicate the necessity for the type of program required, and providers should determine upfront which program their patients would benefit more from. A chronic pain program should not be considered a "stepping stone" after less intensive programs, but prior participation in a work conditioning or work hardening program does not preclude an opportunity for entering a chronic pain program if otherwise indicated.