

## Notice of Independent Review Decision

**DATE OF REVIEW:** 12/7/2009  
**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

1. 97799 - Unlisted physical medicine/rehabilitation service or procedure: trial of 10 session/80 hours

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer graduated from University of Missouri-Kansas City and completed training in Physical Med & Rehab at Baylor University Medical Center. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Physical Med & Rehab since 7/1/2006 and Pain Management since 9/9/2006. This reviewer currently resides in TX.

**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)

1. 97799 - Unlisted physical medicine/rehabilitation service or procedure. Overturned

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Fax cover sheet by dated 11/20/2009
  2. Fax cover sheet by RN dated 11/18/2009
  3. Notice of assignment of independent review organization by dated 11/17/2009
  4. Facsimile cover sheet by dated 11/17/2009
  5. Notice to DBA reviews of case assignment by dated 11/17/2009
  6. Fax cover sheet by RN dated 11/16/2009
  7. Fax cover sheet by Injury Clinic dated 11/16/2009
  8. Texas department of Insurance - IRO request form by RN dated 11/16/2009
  9. Letter by RN dated 11/13/2009
  10. Fax cover sheet by PhD dated 11/5/2009
  11. Letter of request for certification of the medical services by RN dated 10/16/2009
  12. Chronic pain management program preauthorization request by DO dated 10/13/2009
  13. Fax cover sheet by MD dated 10/13/2009
  14. Patient face sheet by dated 10/12/2009
  15. Functional capacity evaluation by dated 10/9/2009
  16. Radiology report by Dr MD dated 6/18/2009
  17. Electrodiagnostic report by Dr MD dated 6/18/2009
  18. NCV/EMG examination report by MD dated 4/30/2009
  19. Electrodiagnostic report by Dr MD dated 4/30/2009
  20. Initial behavioral medicine consultation report by LPC dated 4/15/2009
  21. MRI report of the Cervical Spine without contrast by MD dated 3/5/2009
-

22. MRI report of the Thoracic Spine by MD dated 3/5/2009
23. Chronic pain management program preauthorization request by MS, LPC and CRC dated 10/30/2008
24. Clinical note by DO dated 10/30/2008
25. Chronic pain management program design by author unknown dated unknown
26. Official Disability Guidelines (ODG)

#### **INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The injured employee is a male who was injured xx/xx/xx with complaints of neck and back pain with radiation to left foot after a motor vehicle collision (lawnmower rear ended lawnmower). MRI cervical, thoracic and lumbar spine reveals multilevel spondylosis. Lower extremity electrodiagnostics were interpreted as a right L5 radiculopathy based solely on the finding of a delayed right peroneal F wave. The injured employee has been treated with chiropractic, physical therapy and individual psychotherapy sessions. The injured employee improved with psychological treatment with improvement in irritability, frustration, sleep and BDI-II scores. Pain and tension scores were not changed. Functional capacity exam (FCE) shows light-medium physical capacity. Exam shows decreased spinal range of motion. Diagnosis is spinal strain/sprain. He is taking hydrocodone, Zanaflex and ibuprofen.

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

Recommendation is to overturn prior denials. The injured employee meets ODG criteria for inclusion in a chronic pain program, as applicable and outlined below based on each criterion. The injured employee has had pain beyond expected healing time for a lumbar sprain/strain with abnormal pain behaviors and coping mechanisms identified. There is no significant pathology on examination and imaging studies due to injury, only degenerative spine changes. The injured employee does not have radiculopathy and no further work up or medical treatment is considered medically necessary based on ODG recommendations for the injured worker's (IW) condition and complaints of pain. A trial of 10 session/80 hours of chronic pain program with emphasis on return to work is indicated as requested. Criteria for the general use of multidisciplinary pain management programs:

These factors are identified and addressed by item number in the CPMP request evaluation. (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 pre-injury 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 non-organic 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.

According to Dr. and the program team not further medical treatment is expected to substantially improve the sprain/strain symptoms. (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement.

The injured employee has been evaluated by the treating physician, psychologists and with an FCE. (3) An adequate and thorough multidisciplinary evaluation has been made. This should include pertinent validated diagnostic testing that addresses the following: (a) A physical exam that rules out conditions that require treatment prior to initiating the program. All diagnostic procedures necessary to rule out treatable pathology, including imaging studies and invasive injections (used for diagnosis), should be completed prior to considering a patient a candidate for a program. The exception is diagnostic procedures that were repeatedly requested and not authorized. Although the primary emphasis is on the work-related injury, underlying non-work related pathology that contributes to pain and decreased function may need to be addressed and treated by a primary care physician prior to or coincident to starting treatment; (b) Evidence of a screening evaluation should be provided when addiction is present or strongly suspected; (c) Psychological testing using a validated instrument to identify pertinent areas that need to be addressed in the program (including but not limited to mood disorder, sleep disorder, relationship dysfunction, distorted beliefs about pain and disability, coping skills and/or locus of control regarding pain and medical care) or diagnoses that would better be addressed using other treatment should be performed; (d) An evaluation of social and vocational issues that require assessment.

Not applicable (4) If a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits (80 hours) may be implemented to assess whether surgery may be avoided.

Not applicable. (5) If a primary reason for treatment in the program is addressing possible substance use issues, an evaluation with an addiction clinician may be indicated upon entering the program to establish the most appropriate treatment approach (pain program vs. substance dependence program). This must address evaluation of drug abuse or diversion (and prescribing drugs in a non-therapeutic manner). In this particular case, once drug abuse

or diversion issues are addressed, a 10-day trial may help to establish a diagnosis, and determine if the injured employee is not better suited for treatment in a substance dependence program. Addiction consultation can be incorporated into a pain program. If there is indication that substance dependence may be a problem, there should be evidence that the program has the capability to address this type of pathology prior to approval.

According to the evaluation the goal of the program is to resolve active symptoms, dismantle disabled self perception, increase functional tolerances and propel the injured employee toward a safe return to work. Identified measures are pain scores, functional capacity, sleep and reduction in medication utilization. (6) Once the evaluation is completed, a treatment plan should be presented with specifics for treatment of identified problems, and outcomes that will be followed.

The injured employee indicated a willingness to change. (7) There should be documentation that the patient has motivation to change, and is willing to change their medication regimen (including decreasing or actually weaning substances known for dependence). There should also be some documentation that the injured employee is aware that successful treatment may change compensation and/or other secondary gains. In questionable cases, an opportunity for a brief treatment trial may improve assessment of the injured employee's motivation and/or willingness to decrease habituating medications.

These factors are addressed in the CPMP request by item number with no red flags identified. (8) Negative predictors of success (as outlined above) should be identified, and if present, the pre-program goals should indicate how these will be addressed.

Not applicable. (9) If a program is planned for a patient that has been continuously disabled for greater than 24 months, the outcomes for the necessity of use should be clearly identified, as there is conflicting evidence that chronic pain programs provide return-to-work beyond this period. These other desirable types of outcomes include decreasing post-treatment care including medications, injections and surgery.

As requested. (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.

Not applicable at this time. (11) Integrative summary reports that include treatment goals, compliance, progress assessment with objective measures and stage of treatment, must be made available upon request at least on a bi-weekly basis during the course of the treatment program.

Not applicable at this time. (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).

Not applicable at this time. (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.

Not applicable at this time. (14) Suggestions for treatment post-program should be well documented and provided to the referral physician. The patient may require time-limited, less intensive post-treatment with the program itself. Defined goals for these interventions and planned duration should be specified.

Not applicable. (15) Post-treatment medication management is particularly important. Patients that have been identified as having substance abuse issues generally require some sort of continued addiction follow-up to avoid relapse. The decision is to overturn the previous denial.

#### **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)

ODG Guidelines - Pain

Outpatient Pain Rehabilitation Programs