

C-IRO, Inc.
An Independent Review Organization
7301 Ranch Rd. 620 N, Suite 155-199
Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 31, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program x 10 Sessions

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

MD, Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in 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 exists for Chronic Pain Management Program x 10 Sessions.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 10/6/08, 11/7/08
ODG Guidelines and Treatment Guidelines
MD, 7/6/07, 11/8/07, 1/3/08, 2/1/08, 3/28/08, 4/18/08, 6/13/08, 5/16/08, 7/18/08, 8/15/08, 9/12/08, 10/10/08, 11/14/08
Precertification Request, 10/1/08
Work Hardening, 9/24/08

FCE, 9/24/08
MA, LPC, 8/18/08
Appeal Letter, 10/22/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This xx year old woman tore her left rotator cuff at work on xx/xx/xx. She underwent an arthroscopic repair and decompression on 4/4/08. She was reported to have a pain level up to 8/10 when seen by Dr. on 7/6/07. In the post op period, her pain fell to a 4-6 level (6/13/08). She completed 36 session of postoperative physical therapy by August 15. Her pain was a level 5 then. She completed 10 sessions of work hardening and her pain level deceased to 4-5 by 9/12/08. "She described numbing along the outer aspect of her left arm." Her pain was down to 3 to 4 on 10/10/08. She was described as still having reduced motion at her FCE in September 2008. The therapist noted (9/24/08) that "continues to be late for program on a regular basis." She described her pain as ranging from a 3-5 at her FCE. The therapist wrote that "PT has made progress in her lifting capabilities in her left shoulder ROM. She is still having long term pain issues which need to be addressed." She had a psychological assessment on 8/18/08 for the chronic pain management program and "The patient was not on time for his (sic) evaluation..." She had some sleep problems, depression and some anxiety issues. It was felt she had inadequate coping skills to address her stress. Ten sessions of Chronic Pain Management Program have been requested.

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

in her letter of appeal, addressed the issues of this patient's pain and felt that there were significant psychological issues with this patient. She acknowledged that the patient did not meet the functional goals of improved motion and strength in the work hardening program. The patient was described as motivated, but there were numerous comments of her being repeatedly late. No further explanation was provided.

This woman's pain levels improved after surgery, but did not reach 0. She has made some improvement with her range of motion, but according to the records it is not enough to return to her work. She does not have many of the negative predictors as outlined in the ODG, although there is use of opioids. ODG does recognize the role of chronic pain programs, but implies that they should not be replicated with work hardening programs. It also describes its limited benefit for management of shoulder pain. Her motivation as reflected by tardiness is a question.

However, in this case there is the use of pain medications and the chronic pain management program may be directed to getting her off the pain medications. The latter is a goal in the Texas Medical Board treatment guidelines (Chapter 170). As such, the reviewer finds that the 10 session program is medically necessary in order to resolve the psychological issues and get the patient off the pain medications. The reviewer finds that medical necessity exists for Chronic Pain Management Program x 10 Sessions.

Recommended ... Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below....**There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain,** as opposed to low back pain and generalized pain syndromes. ([Karjalainen, 2003](#)) And there are limited studies about the efficacy of chronic pain programs for other upper or lower extremity musculoskeletal disorders....

Types of programs: ...

(2) Interdisciplinary pain programs: Involves a team approach that is outcome focused and coordinated and offers goal-oriented interdisciplinary services. Communication on a minimum of a weekly basis is emphasized. The most intensive of these programs is referred to as a Functional Restoration Program, with a major emphasis on maximizing function versus minimizing pain. See [Functional restoration programs](#).

Types of treatment: Components suggested for interdisciplinary care include the following services delivered in an integrated fashion: (a) physical treatment; (b) medical care and supervision; (c) psychological and behavioral care; **(d) psychosocial care**; (e) vocational rehabilitation and training; and (f) education.

Predictors of success and failure: ... The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) **prevalence of opioid use**; and (9) pre-treatment levels of pain....

Criteria for the general use of multidisciplinary pain management programs:

Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met:

- (1) Patient with a chronic pain syndrome, with pain that persists beyond three months including three or more of the following: (a) Use of prescription drugs beyond the recommended duration and/or abuse of or **dependence on prescription drugs or other substances**; (b) Excessive dependence on health-care providers, spouse, or family; (c) Secondary physical deconditioning due to disuse and/or fear-avoidance of physical activity due to pain; (d) Withdrawal from social knowhow, including work, recreation, or other social contacts; (e) Failure to restore preinjury function after a period of disability such that the physical capacity is insufficient to pursue work, family, or recreational needs; **(f) Development of psychosocial sequelae after the initial incident, including anxiety, fear-avoidance, depression or nonorganic illness behaviors**; (g) The diagnosis is not primarily a personality disorder or psychological condition without a physical component;
- (2) The patient has a significant loss of ability to function independently resulting from the chronic pain;
- (3) 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;
- (4) The patient is not a candidate for further diagnostic, injection(s) or other invasive or surgical procedure, or other treatments that would be warranted. If a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided;
- (5) An adequate and thorough multidisciplinary evaluation has been made, including pertinent diagnostic testing to rule out treatable physical conditions, baseline functional and psychological testing so follow-up with the same test can note [functional and psychological improvement](#);
- (6) The patient exhibits motivation to change, and is willing to decrease opiate dependence and forgo secondary gains, including disability payments to effect this change;**
- (7) Negative predictors of success above have been addressed;
- (8) These programs may be used for both short-term and long-term disabled patients. See above for more information under *Timing of use*;

(9) 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 these gains are being made on a concurrent basis. Integrative summary reports that include treatment goals, compliance, progress assessment with objective measures 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;

(10) Total treatment duration should generally not exceed 20 full-day 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 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function;

(11) At the conclusion and subsequently, neither re-enrollment in nor 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.

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: Texas Medical Board treatment guidelines (Chapter 170)