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Notice of Independent Review Decision

DATE OF REVIEW: January 12, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR 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 physician providing this review is a Doctor of Medicine (M.D.). The reviewer is national board certified in Physical Medicine and Rehabilitation as well as Pain Medicine. The reviewer is a member of International Spinal Intervention Society and American Medical Association. The reviewer has been in active practice for ten years.

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

☒ Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

FCE (10/17/08)
Office visits (11/12/08 - 11/17/08)
Utilization Reviews (11/25/08 - 12/09/08)

ODG Guidelines are used for denials.

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a xx-year-old male who was loading flight and started having low back pain.

In a functional capacity evaluation (FCE) performed on October 17, 2008. The FCE evaluator noted the following treatment history: *X-rays of lumbar spine were unremarkable. Magnetic resonance imaging (MRI) showed 1-mm diffuse annular tear along with facet arthropathy at L5-S1 segment and minimal recess stenosis. Dr. diagnosed lumbosacral facet joint syndrome. The patient attended 24 sessions of physical therapy (PT). In an FCE in August, the patient performed*

at the medium PDL. In a psychological evaluation, he was recommended group psych sessions along with work hardening program (WHP) secondary to fear avoidance behavior and anxiety. The patient attended 20 sessions of WHP and four sessions of individual psychotherapy. The patient was approved for diagnostic facet injection at L4-L5 and L5-S1.

In the FCE, the patient qualified at a heavy physical demand level (PDL) versus a very heavy PDL required by his job. He complained of constant pain in the low back. Modified Oswestry low back pain disability questionnaire revealed moderate disability. The evaluator recommended 10 days of chronic pain management program (CPMP).

In November, , D.C., evaluated the patient for localized lumbosacral pain with radicular symptoms in the right leg. Dr. noted the patient was on pain and anti-inflammatory medications prescribed by Dr. . Dr. diagnosed lumbar sprain/strain, lumbar disc derangement, and lumbar radiculopathy. He continued transcutaneous electrical nerve stimulator (TENS) unit and Biofreeze. He suggested a different vocational route which was difficult at that time for the patient. As the patient wished to avoid surgery, Dr. recommended 10 sessions of CPMP due to lack of coping skills.

, Ph.D., noted the patient scored 16 on Beck depression inventory (BDI), 22 on Beck anxiety inventory (BAI), 65 on global functioning (GAF), and 4 on psychosocial stressor (PSS). The patient was utilizing Celebrex and Lidoderm patch. Dr. recommended participating in 10 sessions of behavorial multidisciplinary CPMP.

On November 25, 2008, , Ph.D., denied 10 sessions of CPMP with the following rationale: "*The request for CPMP five per week for two weeks is not recommended as medically necessary. The patient has recently completed WHP as well as individual psychotherapy with minimal progress reported. Given the lack of progress achieved by the patient to date, as well as lack of comprehensive historical data submitted for review, the request for chronic pain management is not indicated as medically necessary".*

On December 9, 2008, reconsideration of 10 sessions of CPMP was denied by , D.O., with following rationale: "*The patient has tested out at a PDC of heavy. Recommended return to work at this time with gradual increase in his PDC back to very heavy. He appears to have expired all reasonable conservative health care at this point. D.C. provider in agreement."*

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

Patient with injury to lumbar spine, with facet and disc disorder who has failed every conservative measure and has self-reported lack of ability to report to functional work, despite having the physical ability to do so. Surgery is a realistic option which the patient has been offered/suggested but declined. He has an organic disc issue which is not likely to respond to additional psychological, multimodal, behavioral treatment

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**

☒ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**

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

☒ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**

Gallagher RM. Treatment planning in pain medicine. Integrating medical, physical, and behavioral therapies. *Medical Clinics of North America.* 01-May-1999; 83(3): 823-49, viii.

Flor H, Fydrich T, Turk DC. Efficacy of multidisciplinary pain treatment centers: a meta-analytic review. *Pain.* 1992 May;49(2):221-30.