

## Notice of Independent Review Decision

**1/23/2009 – Original Decision**

**1/30/2009 – Amended Decision**

**DATE OF REVIEW:** 1/23/2009  
**IRO CASE #:**

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

1. 20 sessions of Chronic Pain Management.

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer graduated from Texas College of Osteopathic Medicine and completed training in Physical Med & Rehab at The University of Texas Health Science 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 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. 20 sessions of Chronic Pain Management. Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Clinical note dated 1/7/2009
2. Request for a review dated 1/7/2009
3. Request form dated 1/6/2009
4. Utilization review dated 12/18/2008
5. Reconsideration appeal dated 1/5/2009
6. Case assignment dated 1/8/2009
7. Workers compensation dated unknown
8. Notice to utilization review dated 1/8/2009
9. Reconsideration dated 12/2/2008
10. Request for reconsideration DC, dated 12/1/2008
11. Request for services by PhD, dated 10/16/2008
12. Treatment plan dated unknown
13. Physical performance evaluation dated 10/14/2008
14. Disability questionnaire dated 10/14/2008
15. Clinical note dated 11/1/2007
16. Patient re-evaluation dated 7/27/2007 & 9/21/2007
17. Initial consultation by DC, dated 6/20/2007
18. Reconsideration dated 12/18/2008
19. Request for reconsideration by DC, dated 12/18/2008
20. Clinical note dated 01/08/2009
21. Independent review organization dated 01/08/2009
22. Daily note by DC dated 08/07/2008 to 08/13/2008 multiple dates
23. Work hardening summary by DC dated 08/13/2008

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24. Daily note by DC dated 08/14/2008 to 08/21/2008 multiple dates
25. Work hardening scheduled program dated 08/07/2008
26. Clinical note dated 08/07/2008
27. Confirmation report dated 11/03/2008
28. Clinical note dated 11/03/2008
29. Assignment of benefits dated 06/20/2007
30. Notice of independent review decision dated 07/31/2008
31. Clinical note dated 07/30/2008
32. Clinical note dated unknown.
33. Daily note by DC dated 08/25/2008
34. Work hardening summary by DC dated 08/25/2008
35. Daily note by DC dated 08/27/2008 to 09/09/2008 multiple dates
36. Work hardening summary by DC dated 09/09/2008
37. Daily note by DC dated 09/10/2008 to 10/13/2008 multiple dates
38. Work hardening summary by DC dated 10/13/2008
39. Work hardening scheduled program dated 08/07/2008
40. Clinical note dated 08/07/2008
41. Assignment of benefits dated 06/20/2007
42. Notice of independent review dated 07/31/2008
43. Clinical note dated 07/30/2008
44. Clinical note dated unknown.
45. Patient re evaluation by DC dated 10/23/2008
46. Clinical note dated 12/18/2008
47. Reconsideration dated 12/18/2008
48. Request for reconsideration by DC dated 12/18/2008
49. Request for services by PhD dated 10/16/2008
50. Physical performance evaluation dated 10/14/2008
51. Modified Oswestry low back pain disability questionnaire dated 10/14/2008
52. Clinical note dated 11/01/2007
53. Patient re evaluation by DC dated 09/21/2007
54. Patient re evaluation by DC dated 07/27/2007
55. Initial consultation by DC dated 06/20/2007
56. Test order dated 06/11/2008
57. Functional capacity evaluation dated 06/11/2008
58. Graph note dated 6/11/2008
59. Progress note by PhD dated 9/8/2008 to 10/6/2008 multiple dates
60. Clinical note dated 10/3/2008
61. Order setting prehearing by dated 9/17/2008 & 10/28/2008
62. Clinical note dated 12/17/2008 to 1/5/2009 multiple dates
63. Adverse determination dated 1/5/2009
64. Review organization dated unknown
65. Clinical note dated 1/6/2009
66. Review organization dated 1/6/2009
67. Utilization review determination dated 12/18/2008 & 12/17/2008
68. Clinical note dated 10/3/2008
69. Clinical note dated 10/17/2008
70. Clinical note dated 10/17/2008
71. Request for service by PhD dated 10/16/2008
72. Physical evaluation dated 10/14/2008
73. Questionnaire dated 10/14/2008
74. Patient information dated 11/1/2007
75. Patient re evaluation by DC dated 3/9/2007 to 6/9/2008 multiple dates
76. Initial consultation by DC dated 6/20/2007
77. Clinical note dated 1/8/2009
78. Initial interview by PhD dated 6/17/2008
79. Test order dated 4/25/2008 & 5/23/2008
80. Lumbar exam dated 4/25/2008 & 5/23/2008
81. Clinical note by MD dated 5/28/2008
82. Electrodiagnostic results dated 5/28/2008
83. Assignment of benefits dated 6/20/2007
84. Assignment of benefits dated 6/20/2007

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85. Utilization review determination dated 7/6/2005 & 8/26/2008
86. Request for individual psychotherapy sessions dated 8/21/2008
87. Updated request by PhD, dated 8/19/2008
88. Functional capacity evaluation dated 6/11/2008
89. Patient re-evaluation by DC, dated 1/15/2008 to 6/9/2008
90. Clinical note by MD, dated 5/28/2008
91. Initial evaluation by MD, dated 3/20/2008 & 4/23/2008
92. History and physical examination by MD, dated 3/28/2008
93. MRI cervical spine by MD, dated 2/21/2008
94. Notice of utilization review dated 7/24/2008
95. Request for a review dated 7/22/2008
96. Notice of adverse determination dated unknown.
97. Reconsideration dated 07/21/2008
98. Clinical note dated unknown.
99. Utilization review by DC dated 07/21/2008
100. Clinical note dated 07/31/2008
101. Notice of independent review decision dated 07/31/2008
102. Clinical note dated 7/30/2008
103. Clinical note dated 7/2/2008
104. Request for preauthorization dated 7/2/2008
105. Clinical note dated 6/30/2008
106. Functional capacity evaluation dated 6/11/2008
107. Initial interview dated 6/17/2008
108. Clinical note dated unknown
109. Clinical note dated unknown,
110. Clinical note dated 7/15/2008
111. Request for preauthorization dated 7/15/2008
112. Clinical note dated 7/11/2008
113. Clinical note dated 7/9/2008
114. Functional capacity evaluation dated 6/11/2008
115. Initial interview dated 6/17/2008
116. Clinical note dated 7/8/2008
117. Report of medical evaluation dated 5/16/2008
118. Work status report dated 5/16/2008
119. Doctor evaluation by MD, dated 5/16/2008
120. Impairment rating report dated unknown,
121. Benefit payment dated 6/3/2008
122. Initial evaluation by MD, dated 3/20/2008
123. Clinical note by MD, dated 4/23/2008
124. Assignment of benefits dated 6/20/2007
125. Smart separator sheet dated unknown,
126. Report of medical evaluation dated 3/29/2008
127. Works status report dated 5/16/2008
128. Doctor evaluation by MD, dated 5/16/2008
129. Impairment rating report dated unknown,
130. Report of medical evaluation dated 5/16/2008
131. Work status report dated 5/16/2008
132. Doctor evaluation by MD, dated 5/16/2008
133. Impairment rating report dated unknown,
134. MRI cervical spine by MD, dated 2/21/2008
135. MRI lumbar spine by MD, dated 2/21/2008
136. History and physical examination by MD, dated 3/28/2008
137. MRI cervical spine by MD, dated 2/21/2008
138. MRI lumbar spine by MD, dated 2/21/2008
139. Test order dated 11/1/2007
140. Lumbar exam dated 11/1/2007
141. Clinical note dated 4/24/2008
142. Clinical note dated 4/24/2008
143. MRI lumbar spine by MD, dated 2/21/2008
144. Patient re evaluation dated 1/15/2008 and 3/10/2008
145. History and physical evaluation by MD, dated 3/28/2008

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146. MRI cervical spine by MD, dated 2/21/2008
147. Clinical note dated 4/24/2008
148. Clinical note dated 4/24/2008
149. MRI lumbar spine by MD, dated 2/21/2008
150. Patient re evaluation dated 1/15/2008
151. History and physical examination by MD, dated 3/28/2008
152. Patient re evaluation dated 3/10/2008
153. MRI cervical spine by MD, dated 2/21/2008
154. Work status report dated unknown,
155. The ODG Guidelines were not provided

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

This injured worker is a male who presents with pain in the neck and low back with diagnoses of cervical radiculopathy and lumbosacral strain-sprain after an work-related injury on xx/xx/xx. He is status post extensive treatment including individual psychotherapy.

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

The patient is a male whose date of injury is listed as xx/xx/xx. The initial consultation dated xx/xx/xx indicates the patient was using a jackhammer on the date of injury when he turned possibly the wrong way and felt a sharp pain in his neck and lower back. The patient reported that he returned to work but was unable to perform any of his duties. The patient reported difficulty sleeping and inability to sit for a prolonged period of time. The patient underwent a designated doctor evaluation on 05/16/08. Treatment to date at that time had consisted of physical therapy and massage therapy. The patient was found to have reached maximum medical improvement as of 03/29/08 with a 10% whole person impairment rating.

Physical performance evaluation dated 10/14/08 indicates that the patient has been diagnosed with cervical radiculitis, thoracic sprain/strain, lumbar sprain/strain, and cervical sprain/strain. The patient has undergone MRIs and physical therapy. The patient complains of pain in the neck and low back. The patient was administered the Modified Oswestry Low Back Pain Disability Questionnaire and his current level of disability was calculated as 30% which falls in the moderate disability range. The patient rated his pain as 4/10 and it is reported that the patient was unable to safely and dependably return to his usual and customary duties at that time. The patient's job requires a PDC of heavy and the patient is reportedly capable of safely working at the medium PDC.

The patient completed 20 sessions of a work hardening program on 10/13/08. The patient's physical demand level remained at medium throughout the program. The patient increased his walking and bike tolerance by 10 minutes and 15 minutes respectively. The patient's pain level improved from 3/10 to 2/10. The patient's endurance level reportedly showed noticeable improvement with cardiovascular exercises as well as with job simulation activities. The patient reported that the constant dull pressure pain in his low back has decreased since the initial day of the program although he continues to experience intermittent radicular symptoms down the left lower extremity. The patient reportedly may be hindered in further improvement secondary to anxiety issues as related to fear of re-injury. A patient reevaluation dated 10/23/08 reports that the patient has completed a work hardening program with "significant gains in functional abilities".

The initial request for services indicates that the patient has completed several group therapy sessions through a work hardening program as well as four individual psychotherapy sessions. The patient reportedly made minimal progress in previous treatment modalities secondary to poor coping strategies. It is reported that since the date of injury the patient has been suffering from anxiety, depression, muscular tension and chronic pain symptoms. The patient has not been able to return to work. The patient has difficulty maintaining his levels of pain low enough to productively function. The patient made minimal progress in his attempts to decrease symptoms of depression and anxiety during psychotherapy. It is reported that although the patient's coping skills were improving they were still weak due to the patient being easily discouraged and too emotionally unstable. The patient reportedly had difficulty reducing his pain level and resisted eliminating his negative self talk and thought pattern. It is reported that in the patient's last session he continued to verbalize disappointment in his situation, depressed feelings, stress, tension, pain and inadequate coping skills.

Prior to individual psychotherapy and work hardening the patient rated his pain as 7/10. The patient reported that he did improve physically secondary to the work hardening program; however, his "overwhelming fear of re-injury, along with lack of solid coping skills, is holding him back". The patient's BDI is reportedly 15 and the patient was administered the Screener and Opioid Assessment for Patients in Pain and scored a 7 which indicates that the patient is at high risk for abuse of prescribed narcotic pain medications. A treatment plan was set forth for the patient with recommended goals to be reached. A request for reconsideration dated 12/01/08 reports that the patient has exhausted all lower levels of care including individual psychotherapy. The request for chronic pain management program was denied on utilization review on 12/18/08 secondary to multiple issues. The patient has undergone extensive physical therapy, injection therapy, work hardening program, and individual psychotherapy in the past and

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per prior FCE was able to meet the demands of his job. The patient is only taking NSAIDs and there is a reported validity issue with the FCE submitted.

The denial was upheld on appeal on 01/05/09 based on the fact that the patient had previously completed a work hardening program and individual psychotherapy and the patient did not meet ODG criteria for participation in a chronic pain management program. In addition, it is reported that as far back as June 2008 the patient has only had 3/10 pain, at least a medium PDL, minimal perceived disability and relatively low depression scores.

Based on the clinical records provided, the request for 20 sessions of chronic pain management program is not recommended as medically necessary. The patient has undergone a thorough workup followed by an extensive course of conservative treatment to include physical therapy, injection therapy, 20 sessions of a work hardening program and individual psychotherapy. Per the requesting provider, the patient achieved minimal improvement in the work hardening program. Current evidence based guidelines do not support the performance of the same or similar rehabilitation programs to include work hardening. Given the patient's lack of progress in 20 sessions of a work hardening program, it is unlikely that he will achieve any significant benefit in a subsequent chronic pain management program. The patient is currently functioning at a medium physical demand level and his job requires a heavy physical demand level. Given the patient's inability to meet his required PDC despite extensive previous treatment, the patient is unlikely to achieve this PDC with a chronic pain management program. Given the current clinical data, the proposed chronic pain management program x 20 sessions is not indicated as medically necessary. The previous denial is upheld.

**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)