

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: JANUARY 30, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program (5x/week x 2 weeks) 10 Sessions

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

M.D., Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and Orthopaedic Surgery

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 (5x/week x 2 weeks) 10 Sessions.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 11/6/08, 12/3/08
ODG Guidelines and Treatment Guidelines
1/13/09, 11/25/08, 10/10/08, 10/21/08, 10/28/08, 8/11/08, 8/4/08, 7/30/08, 6/19/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a man injured on xx/xx/xx. He had back strain. There were MRI abnormalities described in the reports consistent with age degeneration. He had chronic back pain. He was started in 10 sessions of a chronic back pain program. He had improvement in functional gains when comparing the FCE performed on 6/19/08 and 10/28/08. He improved to a sedentary light PDL in testing. He also had improvement in his Beck Anxiety and Beck Depression scores. There was a mild reduction of the use of Darvocet from 4 or 5 a day to 3 or 4 a day.

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

The issue in this case is whether or not an additional ten sessions of Chronic Pain Management Program are medically necessary for this patient who has already completed 10 sessions of the program. Dr. and Dr. provided a testimonial from the patient about how he was improving. He also has had improvement in his Beck Depression and Anxiety scores. He has also had functional improvement demonstrated by the 2 FCEs. The reduction of 1 Darvocet a day is also noted. The patient's further goals are increased physical activity, and narcotic "extinction" with reduction of emotional obstacles. While it has been more than xx years since the date of injury, the ODG does accept that there is return to work in the late treatment of some patients. Criteria 9 in the ODG provides that treatment can be given beyond 2 weeks (10 sessions) when there is "significant demonstrated efficacy as documented by subjective and objective gains." The testimonial is obviously a subjective gain. There are objective improvements described as well in the medical records. The ODG further recognizes that the program should not be interrupted when gains are being made. The medical records provided for this review indicate improvements as required in criteria 9, and the patient therefore meets the guidelines for additional treatment. The reviewer finds that medical necessity does exist for Chronic Pain Management Program (5x/week x 2 weeks) 10 Sessions.

Chronic pain programs (functional restoration programs)...

The probability of returning to work for those out over two years may be less than 1%, if such patients are not offered quality, comprehensive interdisciplinary functional restoration programming. In a high-quality cohort study, the short-term disabled group (4-8 months post-injury) achieved statistically higher RTW compared to the long-term disabled group (> 18 months post-injury), suggesting that early use of a functional restoration program is efficacious, **but individuals with long-term disability still achieved respectable RTW justifying use of the program.** ([Jordan, 1998](#)) ([Infante-Rivard, 1996](#)) ([TDI, 2007](#)) See also [Chronic pain programs, intensity](#); [Chronic pain programs, opioids](#); [Functional restoration programs](#); & [Chronic pain programs, early intervention](#).

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:...

(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
- AHCP- 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)