

## **I-Resolutions Inc.**

*An Independent Review Organization*

71 Court Street

Belfast, Maine 04915

(512) 782-4415 (phone)

(512) 233-5110 (fax)

### Notice of Independent Review Decision

**DATE OF REVIEW: JANUARY 15, 2009**

**IRO CASE #:**

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

Chronic Pain Management Program x 10 Sessions (5 days per week for 2 weeks, 80 hours)

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

M.D., Board Certified Orthopedic Surgeon

#### **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 does not exist for Chronic Pain Management Program x 10 Sessions (5 days per week for 2 weeks, 80 hours).

#### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Psych evaluation, 9/1/08

Behavioral medicine evaluation, Dr., 09/11/08

Office note, Dr., 09/16/08

Pre-authorization request, Dr., 10/06/08

Physical therapy goals, undated

Peer review, 10/16/08  
Appeal letter, Dr., 11/03/08  
Peer review, Dr., 11/05/08  
Request for IRO review, Dr., 12/19/08  
Description of the Program, undated  
ODG Guidelines and Treatment Guidelines

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a xx year old male who injured his neck and low back on xx/xx/xx. Records indicate that he was diagnosed with back and neck sprain and placed on hydrocodone and Flexeril. The claimant has a medical diagnosis of diabetes. He underwent physical therapy. Cervical x-rays on 02/05/08 revealed evidence of military lordosis and decreased motion on flexion and extension. Lumbar x-rays on 02/05/08 were within normal limits. A 03/06/08 cervical MRI showed a 4 mm central disc protrusion at C4-5 impinging the thecal sac and anterior surface of the spinal cord causing mild canal stenosis. There was a 2 mm posterior central disc protrusion at C5-6 mildly impinging the thecal sac. A 03/06/08 lumbar MRI showed a 2.0 mm posterocentral disc protrusion with annular tear and thinning of the disc at L5-S1. Electrodiagnostic studies of the upper extremities done on 03/19/08 showed evidence of prolonged latencies of the medial and ulnar and radial nerves related to demyelinating neuropathy. Electrodiagnostic studies of the lower extremities on 03/26/08 showed evidence of bilateral S1 radiculopathy, bilateral tibial motor compression neuropathy and bilateral peroneal motor demyelinating neuropathy. The claimant treated with Dr. and underwent physical therapy. The diagnosis was lumbar and cervical disc protrusions. Epidural steroid injections were advised against due to the claimant's diabetes.

The claimant began treating with Dr. on 06/11/08 as Dr. retired. The claimant had six sessions of individual therapy from July through August 2008 with initial benefit, but following completion of the sessions, psychological indices were again elevated and the therapist suggested an interdisciplinary chronic pain management program. At the follow up visit in September 2008, Dr. recommended a psychological evaluation to evaluate the appropriateness for a trial of interdisciplinary chronic pain management.

The claimant was seen on 09/11/08 by Dr. for a behavioral medicine evaluation to determine whether the claimant would be appropriate for a trial of interdisciplinary chronic pain management. The claimant exhibited multiple pain behaviors during the session. He reported moderate pain in the low back and neck and a sensation of numbness and tingling in the legs and feet. Pain was rated at 5/10. The claimant was taking hydrocodone 2-3 tabs per day, Flexeril, Lodine and Neurontin. Dr. indicated that the claimant continued to suffer from symptoms of depression, anxiety, fear and avoidance of activity and pre-occupation with persistent, debilitating pain. He noted that the claimant was at risk for progressively worsening disability and recommended interdisciplinary chronic pain management as the treatment of choice: ten sessions (five days per week for two weeks, eighty hours). The program would include psychological and physical therapy components.

The program was denied on peer reviews of 10/16/08 and 11/05/08. In an appeal letter dated 11/03/08, Dr. noted that the demyelinating process was not related to the

claimant's work injury but was attributed to his pre-existing diabetes. He felt that the claimant met ODG criteria for psychological intervention to address the chronic pain. Dr. also authored an appeal letter dated 12/19/08 in which he stated that the claimant continued to experience persistent, debilitating pain. The primary and secondary phases of treatment had been completed and he felt the claimant was a candidate for tertiary care. He noted that the lack of structural pathology might indicate that the claimant was not a candidate for surgery; however due to persistent, debilitating pain he remained a candidate for interdisciplinary chronic pain management.

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

While this claimant has complained of neck and back pain since February 2008, there is really no discussion in this medical record as to why exactly this claimant might be having pain. The cervical and lumbar MRIs document some very mild degenerative disc changes, and the EMG of the upper and lower extremities showed multiple abnormalities. There is some discussion that this may be a diabetic neuropathy, yet there is no description in the medical record of any abnormal objective positive physical findings. The records provided for this review do not describe a specific reason that this claimant might in fact be having chronic pain. Therefore, this reviewer believes that he has been incompletely worked up, does not meet the guidelines, and is therefore not a candidate for the chronic pain program. The reviewer finds that medical necessity does not exist for Chronic Pain Management Program x 10 Sessions (5 days per week for 2 weeks, 80 hours).

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates, Pain.  
Chronic pain programs (functional restoration programs)

Recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below.

#### **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 know how, 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.

Inpatient pain rehabilitation programs: These programs typically consist of more intensive functional rehabilitation and medical care than their outpatient counterparts. They may be appropriate for patients who: (1) don't have the minimal functional capacity to participate effectively in an outpatient program; (2) have medical conditions that require more intensive oversight; (3) are receiving large amounts of medications necessitating medication weaning or detoxification; or (4) have complex medical or psychological diagnosis that benefit from more intensive observation and/or additional consultation during the rehabilitation process. [\(Keel, 1998\)](#) [\(Kool, 2005\)](#) [\(Buchner, 2006\)](#) [\(Kool, 2007\)](#) As with outpatient pain rehabilitation programs, the most effective programs combine intensive, daily biopsychosocial rehabilitation with a functional restoration approach.

**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)