



Notice of Independent Review Decision
PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 7/23/2009
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten sessions chronic pain management program

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from University of Missouri-Kansas City and completed training in Physical Med & Rehab at Baylor University Medical 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 2006 and Pain Management since 2006.

REVIEW OUTCOME:

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

- X Upheld (Agree)
Overtaken (Disagree)
Partially Overtaken (Agree in

part/Disagree in part) Ten sessions chronic pain management program Upheld

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a xx year old female who sustained an injury on xx/xx/xx. She has a 3+ year history of low back, left knee, left hand, right wrist and hand, and left shoulder pain complaints following a motor vehicle accident. Her conservative treatment to date has included ESIs, knee surgery, and cortisone injections to the shoulder and knee. She is noted to be mildly overweight and medications include hydrocodone, Xanax, Zoloft, Advil, Lipitor, and Prempro. A chronic pain management program has been recommended.

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

This is a xx year old female who sustained an injury on xx/xx/xx. She has a 3+ year history of low back, left knee, left hand, right wrist and hand, and left shoulder pain complaints following a motor vehicle crash. She has left shoulder tear, left wrist fracture and left knee fracture. Further work-up revealed carpal tunnel syndrome. Her treatment to date has included ESIs, 2 knee surgeries (left PCL, medial meniscus and posterior horn, chondromalacia on 8/31/2006 and repeat on 10/1/2007), cortisone injections to the shoulder and knee, and physical therapies. She also underwent carpal tunnel release on the left on 5/25/2006. She is noted to be mildly overweight, and medications include hydrocodone, Xanax, Zoloft, Advil, Lipitor, and Prempro. She has most recently been treated with medications and individual counseling.

The patient is currently off work and is unable to return to work due to disability related to the injury. Psychological evaluation notes the patient has significant limitations with elevated pain score, anxiety, and depression. A chronic pain management program has been recommended and was subsequently denied by peer physician review on 2 separate occasions. The first reviewer, on 5/19/2009, felt that the employed psychometric tests were inadequate and that the patient's length of disability was inadequately addressed. The second

Name: Patient\_Name  
reviewer on

6/12/2009 likewise agreed that the patient's prolonged disability time had not been adequately addressed.

It is recommended that the prior denials be upheld. The preeminent issue in this case is the patient's length of disability which now stands at xx months status post injury. ODG firmly recommends, per criterion number 9, for consideration of a chronic pain program, that, "if a program is planned for a patient that has been continuously disabled for greater than 24 months, the outcomes for the necessity of use should be clearly identified, as there is conflicting evidence that chronic pain programs provide return-to-work beyond this period." It is unclear from the initial pre-treatment evaluation dated 5/13/2009 and subsequent appeal letter dated 6/5/2009 that adequate measures for outcome have been "clearly identified" in order to help reduce the likelihood of negative outcome given the current literature and guideline recommendations regarding the patient's extended length of disability. Given these factors the chronic pain management program (CPMP) would not be considered medically necessary.

**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

**X** 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)