

SENT VIA EMAIL OR FAX ON  
Jun/19/2009

## Independent Resolutions Inc.

An Independent Review Organization  
835 E. Lamar Blvd. #394  
Arlington, TX 76011  
Phone: (817) 349-6420  
Fax: (817) 549-0311  
Email: rm@independentresolutions.com

**DATE OF REVIEW:**

Jun/18/2009

**IRO CASE #:**

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

10 sessions of Chronic Pain Management

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

Clinical psychologist; Member American Academy of Pain Management

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

Denial Letters 4/27/09 and 5/12/09

Pain & Recovery Clinic 2/27/09 thru 6/5/09

Dr. 2/24/09

Case Notes 4/24/09 thru 5/12/09

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a x male who was injured on xx-xx-xx performing his regular job duties. The initial report states that the patient was injured when in the process of picking up "a heavy object, weighing approximately 75 pounds, he felt pain in his lower back". As a result of the accident, report states claimant injured low back. Report doesn't specify whether patient has ever attempted to work or has never returned.

Since the injury, patient has been given diagnostics and interventions to include: lumbar MRI's (positive), EMG's (positive), physical therapy, individual therapy, physical therapy, ESI's, and medication management. Per the report, current medications include Flexeril 10 mg, Darvocet -N-100 and Cymbalta 20 mg. Diagnoses are lumbar radiculitis, 307.89 pain disorder, 293.89 Anxiety disorder, and 296.22 Major Depressive Disorder, Moderate. Job requirement is assumed to be Heavy, since patient was injured lifting 75 pound object, but not specified in report what the return to work PDL goal actually is. Patient has been referred by his treating doctor, Dr. for a chronic pain management program and has attended 20

days. Current request is for an additional 10 days of the program.

Current treatment appears to be medication management and individual and group psychotherapy administered within the current pain program. Concurrent report states that patient has attended 17 days of the program, achieving the following goals: reduction in BDI score from the severe to the moderate range, reduction in BAI score of 6 points, still in the severe range, improved sleep and less isolation, more accepting of injury, and GAF increase of 2 points. Future goals are: practice skills learned for relapse prevention, reduce subjective rating of pain, increase GAF 1-2 points, help patient implement RTW goals, help patient transition back to work.

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

Goals for the program are vague and generalized, and not really individualized for this particular patient. Initial behavioral report does not include a cohesive history, does not include a mental status exam, and current request has little in the way of objective data regarding the patient (no physical functional information or baselines, no specifics regarding vocational options patient is considering, no pain rating scores, etc). Additionally, there is no specific titration schedule with regard to the narcotic medications, and this is no longer addressed as a goal. There is no PT or other such eval in order to make specific physical conditioning recommendations for this patient. ODG states "There should be evidence that a complete diagnostic assessment has been made, with a detailed treatment plan of how to address physiologic, psychological and sociologic components that are considered components of the patient's pain. There is no one universal definition of what comprises interdisciplinary/multidisciplinary treatment. These pain rehabilitation programs (as described below) combine multiple treatments, and at the least, include psychological care along with physical and/or occupational therapy (including an active exercise component as opposed to passive modalities)." ODG also states that these programs should be multi-disciplined in nature, but what is being requested is a "cognitive-behavioral pain management program". TDI also requires that these programs should be run according to CARF standards, but there is no mention of a psychologist or psychiatrist on staff, which is a CARF requirement. Given the above mentioned contraindications, the current request cannot be considered reasonable or medically necessary.

**FRP's:** Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs (see [Chronic pain programs](#)), were originally developed by Mayer and Gatchel. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. ([Bendix, 1998](#)) A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. ([Guzman 2001](#)) It must be noted that all studies used for the Cochrane review excluded individuals with extensive radiculopathy, and several of the studies excluded patients who were receiving a pension, limiting the generalizability of the above results. Studies published after the Cochrane review also indicate that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. ([Airaksinen, 2006](#)) There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. ([Karjalainen, 2003](#)) Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. For general information see [Chronic pain programs](#).



**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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