



Notice of Independent Review Decision

DATE OF REVIEW: 3/12/09 **PATIENT NAME:**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the appropriateness of the previously denied request for a six (6) week, 30 day Functional Restoration Program.

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

Texas licensed Psychologist.

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 previously denied request for a six (6) week, 30-day Functional Restoration Program.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Fax Cover Sheet/Note/Comment/Message/Authorization Request dated 3/5/09, 3/3/09, 2/12/09, 2/3/09.
2. Message dated 3/5/09.
3. Notice of Assignment of Independent Review Organization dated 3/5/09.
4. Notice to CompPartners, Inc. of Case Assignment dated 3/5/09.
5. Utilization Review Instructions Sheet (unspecified date).
6. Fax Cover Sheet dated 3/4/09.
7. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 3/4/09.
8. Company Request for Independent Review Organization dated 3/4/09.
9. Texas Department of Insurance IRO Request Form dated 3/4/09.
10. Functional Restoration/Opiate Step-Down Program IRO Request dated 3/3/09, 2/12/09, 2/12/09.
11. Request for a Review by an Independent Review Organization dated 3/3/09.
12. Patient's Request Letter for Reconsideration dated 2/23/09.
13. Determination Notification Letter dated 2/16/09, 2/6/09, 9/28/07.
14. Pain Outcomes Profile Scoring Instrument dated 2/2/09.
15. Physical Exam dated 2/2/09.
16. Observed Range of Motion Assessment dated 2/2/09.
17. Follow-Up Medication Progress Note dated 1/16/09, 12/9/08, 11/25/08, 11/11/08, 10/24/08, 9/23/08, 9/2/08, 8/19/08, 7/22/08.
18. Functional Capacity Evaluation Report dated 10/16/08.
19. Neck Disability Index dated 10/16/08.
20. Note dated 6/4/08, 4/30/08, 3/31/08, 2/29/08, 11/14/07.
21. Initial History and Physical Report dated 3/20/08.
22. Cover Page/Supplemental Information/Review of Medical History/Physical Examination/Impairment Rating Calculation and Detail dated 11/19/07.
23. Report/Letter of Medical Evaluation dated 11/19/07.
24. Light Duty Consideration Request Letter dated 11/12/07.
25. Clinical Follow-Up Visit Report dated 10/24/07.
26. Medical Necessity/Treatment Prescription dated 9/26/07
27. Pre-Authorization Request dated 9/14/07.
28. Initial Comprehensive Evaluation Report dated 9/12/07.
29. Discharge Summary/Instructions dated.

PATIENT CLINICAL HISTORY [SUMMARY]:

Age:

Gender: Female

Date of Injury:

Mechanism of Injury: Struck in the head by a plastic valance.

Diagnosis: Chronic neck pain with depression and anxiety.

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

This claimant is a female with a history of neck pain since xx/xx/xx, when she was struck in head by a plastic valance. The claimant had a diagnosis of chronic neck pain with depression and anxiety. According to the 02/02/09 and 02/12/09 medical notes, the neck pain radiated into the shoulder and there were associated headaches. The pain was a 5-8 on a 0-10 pain scale. The claimant was also depressed, had poor sleep and anxiety. She walked with a cane. The pain was constant, throbbing and severe. She had decreased her appetite and social withdrawal with hopelessness. She had few coping skills and had a very little educational background. The claimant had fears with responses to increased perception of pain along with opioid dependence. On physical exam there was tenderness and decreased range of motion. The claimant was on Lorcet, Soma, Ambien, Motrin, Lidoderm, Topamax and Cymbalta. The claimant had multimodality conservative treatment including medications, physical therapy. The claimant had an evaluation with the conclusion that the claimant is a good candidate for the program. In 02/02/09 note, it stated that the claimant had a desire to return to work and wanted to stop narcotics. She had memory and attention impairment with crying episodes. She had difficulty with bathing, dressing, climbing stairs and carrying items. She was offered a different job but refused as she was afraid of making a mistake and having customers yelling at her. An MRI showed bilateral neuroforaminal stenosis at C5-6 and C6-7. According to a note on 11/19/07 the patient had reached her maximum medical improvement (MMI). The request is for the medical necessity for 97799 - 30 days (240 hours) of a Functional Restoration Program. The Official Disability Guidelines states, "*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 diagnostics, injections or other invasive procedure candidate, surgery or other treatments including therapy that would clearly 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.” This claimant does meet the criteria above but the request is well beyond the treatment suggestion of 2 weeks to demonstrate objective improvement, therefore this request is denied.

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
- Official Disability Guidelines (ODG), Treatment Index, 6th Edition (web), 2008, Pain chapter-Criteria for the general use of multidisciplinary pain management programs.
- 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)