



## Notice of Independent Review Decision

**DATE OF REVIEW:** 11/20/09

**IRO CASE #:**

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

Ten Sessions Chronic Pain Mangement

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

Board Certified in Physical Medicine & Rehabilitation

### **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.

Ten Sessions of Chronic Pain Management Program - UPHELD

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

- Physical Therapy, Medical, 03/13/07 through 12/27/07

- X-rays of Left Leg, D.O., 03/16/07
- X-rays of the Lumbar Spine, Dr., 04/23/07
- EMG/NCS Interpretation, M.D., 06/07/07
- MRI of the Lumbar Spine, M.D., 06/09/07
- MRI of the Left Ankle, M.D., 07/13/07
- Behavioral Medicine Evaluation, Ph.D., 08/13/07, 06/24/08, 08/06/09
- Physical Therapy, 01/11/08 through 12/09/08
- Team Conference Notes, 02/27/08, 06/25/08, 07/29/08
- Request for Pre-Authorization, 07/11/08, 08/10/09
- Pain Management, Medical Group, 08/12/08, 08/22/08, 10/16/08, 10/23/08, 10/30/08, 10/31/08
- Physical Therapy, 01/06/09 through 04/01/09
- Functional Capacity Evaluation (FCE), 04/03/09, 08/03/09
- Interdisciplinary Pain Program, 04/17/09, 04/20/09, 04/21/09, 04/27/09, 04/28/09, 05/04/09, 05/06/09, 05/11/09
- Appeal Letter, 06/29/09
- Physical Assessment Evaluation & Treatment Plan, 07/28/09
- Denial Letter, 09/18/09, 08/20/09
- Request for Review by an IRO, 10/26/09

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient was injured when the machine he was operating malfunctioned and he fell approximately six feet, landing on his left side, which resulted in a fracture of his left fibula. He underwent x-rays of the left leg and lumbar spine, as well as an EMG/NCV and MRI scans of the left ankle and lumbar spine. He also underwent several sessions of physical therapy, epidural steroid injections, and a chronic pain management program. His most recent medications included Hydrocodone and Prozac.

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

Based upon the medical records available for review, Official Disability Guidelines would not support a medical necessity for medical treatment in the form of a comprehensive pain management program. The records available for review document that previous treatment has included access to treatment in the form of comprehensive pain management services.

Official Disability Guidelines typically support a maximum of twenty sessions of treatment in the form of a comprehensive pain management program. A request for ten sessions of a comprehensive pain management program would result in exceeding more than the recommended amount of treatment sessions in a comprehensive pain management program, given the fact that previous treatment has included access to treatment in the form of a comprehensive pain management program.

The records available for review do not document that treatment in the form of a comprehensive pain management program has significantly enhanced functional capabilities evidenced by the fact that a Functional Capacity Evaluation accomplished on 08/03/09 did not display any evidence that the patient was with improved functional capabilities compared to a Functional Capacity Evaluation accomplished on 04/03/09.

Multiple behavioral health evaluations were conducted since the date of injury. On each occasion it was noted that the patient did not have plans with respect to return to work activities or job retraining. Hence, this documentation would support that it would be unlikely to expect that treatment in the form of a comprehensive pain management program would be of significant benefit.

The records available for review document that the patient has been on narcotic medication for an extended time interval. During the length of time the patient has been on narcotic medications, Official Disability Guidelines would support that the prognosis for a successful outcome with respect to treatment in the form of a comprehensive pain management program would be poor.

Additionally, the patient is more than two-and-a-half years removed from the date of injury. Official Disability Guidelines do indicate that the longer one is removed from the date of injury, the poorer the prognosis for a successful outcome from treatment in the form of a comprehensive pain management program.

In conclusion, based upon the extensive medical records available for review, there are numerous negative predictors to support an expectation that there would be a significant benefit from treatment in the form of a comprehensive pain management program. Hence, per criteria set forth by Official Disability Guidelines, medical necessity for treatment in the form of a comprehensive pain management program would not appear to be established.

**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)**