



Notice of Independent Review Decision

DATE OF REVIEW: 11/03/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ten Sessions of Chronic Pain Management Program

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

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.

Ten Session of Chronic Pain Management Program - UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Follow Up Visit, M.D., 12/22/08, 01/05/09, 02/02/09, 03/23/09, 06/25/09, 08/27/09

- Evaluation, M.D., 03/05/09
- MRI of the Right Shoulder, M.D., 05/08/09
- Letter of Necessity, Dr. 05/11/09
- Functional Capacity Evaluation (FCE), D.C., 06/19/09
- DWC Form 73, Dr. 07/23/09, 08/06/09
- Behavioral Evaluation and Updated Request for Services, Ph.D., 08/25/09
- Request for Reconsideration, D.C., 09/24/09
- Request for Chronic Pain Management Program, 09/09/09, 09/24/09
- Request for Medical Dispute Resolution, 10/16/09

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient walked into a freezer and fell forward, landing on her knees and arms. She has received several levels of treatment, which included x-rays, MRI's physical therapy, surgery and medications. Her most recent medications were reported to be Lyrica and Soma to help manage her pain, and Cymbalta to help her depression.

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

Based on the clinical information provided, ten sessions of chronic pain management program are not medically reasonable and necessary.

The patient sustained injuries in xx/xxxx secondary to a slip and fall in a freezer when the patient landed on her outstretched right hand. The submitted clinical records begin in December 2008 and indicate that the patient previously underwent anterior cervical discectomy and fusion in June 2007 and continues to complain of pain. The patient has reportedly been treated with physical therapy, injection and medication management; however, there is no comprehensive assessment of treatment completed to date or the patient's response thereto to establish that the patient has exhausted lower levels of care and is an appropriate candidate for this tertiary-level program at this time. The patient underwent a functional capacity evaluation on 06/19/09 which reports that the patient has a significant degree of fear and hopelessness. She experiences depression, weakness, frustration and anger. These findings "suggest a significant degree of maladaptive psychosocial and psychosocial pain behavioral patterns which must be further addressed". The patient underwent a psychological evaluation on 08/25/09 which reports that the patient reports feelings of depression, anxiety, irritability, restlessness and sleep problems "despite multiple levels of intervention", as well as a high level of stress regarding the treatment process. BDI is 18 and BAI is 25. MMPI-2 states "individuals with this profile are within the normal limits, showing no severe psychological symptoms at this time. However, the patient seems to be reporting moderate to severe symptoms of psychological distress, due to difficulties adjusting to her current injury or physical condition". Given that the patient's MMPI profile is within normal limits, this casts doubt on the validity of the patient's self-reports. There is no indication that the patient has undergone lower levels of psychological treatment to include individual

psychotherapy or biofeedback. Given the current clinical data, ten sessions of chronic pain management program are not medically reasonable and necessary for this patient.

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)