



Specialty Independent Review Organization

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 10/5/2009

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of 10 trial sessions a of Chronic Pain Management Program.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. This reviewer has been practicing for greater than 30 years in this specialty and performs this type of procedure in his office.

**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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of 10 trial sessions a of Chronic Pain Management Program.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:  
, MD

These records consist of the following (duplicate records are only listed from one source): Records reviewed from , MD: Office Notes – 2/10/09-9/16/09, Requesting Trial 10 Sessions of Pain Management Program & Treatment Plan – undated, Scripts – 5/5/09-8/31/09; BDI-II – undated.

Records reviewed from : Denial letter – 8/17/09 & 9/11/09; , MD report – 2/27/09, Addendum – 3/17/08; Pain Recovery Request for Reconsideration – 9/2/09, Request for Pre-authorization – 8/11/09.

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient sustained an injury to her right knee on xx/xx/xx. A description of the mechanisms of the injury is not available at this time. She had an arthroscopic procedure followed by arthroplasty on the knee in xx/xx. She was subsequently diagnosed with a complex regional pain syndrome, Type I. Over the years, she has had multiple treatment modalities. Records reviewed indicated that she had had an implanted pain pump which was unsuccessful due to sepsis and a spinal cord stimulator which failed to provide relief of her pain. She is currently receiving Fentanyl patch 75 micrograms per hour, Norco 10/325 mg 1 as often as three times a day, Cymbalta 60 mg b.i.d., Lyrica 100 mg p.o. t.i.d., Lidoderm 5% patch to knee q12h, Atenolol 25 mg, and Omeprazole 20 mg. Her past medical history is significant for her having had a multi level lumbar fusion with pedicle fixation, a renal calculus, and gall bladder pathology with complications involving the liver, hypertension, COPD, arthritis, depression, migraines, seizure disorder, and stomach ulcers.

According to records reviewed, the patient has a severe chronic pain extending from the knee down to the foot. Records indicate that her knee “gives out unexpectedly causing her to fall” and because of this, she prefers to use a wheelchair when mobilizing out of her home.

She has had two Required Medical Evaluations by , M.D. The first was on February 12, 2008 and the second was on February 27, 2009. Dr. indicated that his examination showed no temperature or trophic changes in the right lower extremity, severe pain with range of motion of the knee, and knee range of motion movements from 0° of extension to 108° of flexion. Dr. indicated that at the time of his evaluation, there was no objective finding to document a complex regional pain syndrome, type I.

The injured employee has been extensively evaluated psychologically. She has a chronic pain associated with both psychological factors and her general medical condition, specifically her right knee and complex regional pain syndrome. She has been repeatedly described as being “depressed” and she has evidence of loss of function, particularly noted in her visits with the nurse practitioner and her psychologist. A trial of a chronic pain management program has been recommended in order to attempt to address her psychological and functional issues.

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

Applying the ODG Guidelines, criteria for multidisciplinary pain management programs to this individual and her record reveals the following:

1. This individual has a chronic pain syndrome with loss of function persisting beyond three months. A question of whether or not this patient has a complex regional pain syndrome type I has been raised due to the fact that a RME suggested that there are no objective findings of this particular disorder. The Guidelines define complex regional pain syndrome type I as:

- (1) the presence of an initiating noxious event leading to the development of the syndrome (this is documented in the medical record);
- (2) continuing pain, allodynia, or hyperalgesia disproportionate to the inciting event (documented in the medical record);
- (3) evidence at some time of edema, changes in skin blood flow, or abnormal sudomotor activity in the pain regions (evaluation notes by providers from February, 2009 through September, 2009 at various times reference swelling in the ankle, "dusky" appearance of the right lower extremity, "less hair and more fine right lower extremity than left")
- (4) the diagnosis is excluded by the existence of a conditions that would otherwise account for the degree of pain or dysfunction (no diagnosis noted in the medical record better explains the reported signs and symptoms).

In addition, this individual displays excessive dependence on health care providers, spouse, and family. This is documented in the medical record that she has lost functional abilities and that she has difficulty with ambulation in addition to performing activities of daily living including her household chores. She reportedly uses a wheelchair when out of her home and she is dependent on family members, health care providers, and medications to maintain a functional state.

Records also indicate that she has deconditioning due to her functional state. She has withdrawn from social activities and contact with others, according to her record. The record also indicates that she has not been able to restore her pre-injury function and return to her employer's physical demand requirement. Her record documents a combination of symptoms of depression and anxiety and a disturbance of sleep. Her diagnosis is not primarily a personality disorder or psychological condition without a physical component. There is evidence of continued use of prescription medications without adequate control of her pain and function.

2. Previous methods of treating this syndrome have been unsuccessful and according to her record, other options are not likely to result in a significant clinical improvement.
3. An adequate and thorough multi disciplinary evaluation has been made. XXXX is evaluated monthly from the physical standpoint by her treating physician or physician extender and she has also been extensively evaluated psychologically. It appears that she has had extensive diagnostic procedures as well as treatment trials. Psychological testing has been undertaken to identify pertinent areas that need to be addressed.
4. A treatment plan has been put forth with specifics of treatment identified.
5. There is documentation that this individual is motivated to change. She agrees to proceed with recommended treatment.
6. Negative predictors of success have been identified and addressed as documented by , Ph.D., LPC-S.
7. This individual has been disabled for more than 24 months. Although return to work has not been clearly identified as a goal for this CPMP, other goals have been identified including enhancing coping mechanisms to more effectively manage pain, anxiety, and other stressors and achieve success in rehabilitation.

The patient has been closely followed by health care providers and has been fully evaluated psychologically. She meets the ODG guideline criteria for diagnosis of complex regional pain syndrome type I, according to available medical records and she has been extensively psychologically evaluated. The recommendation by her current treatment team is that she have a trial of a chronic pain management program and she does meet ODG guideline criteria for such a treatment program.

**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)