



Medical Review Institute of America, Inc.  
America's External Review Network

DATE OF REVIEW: September 3, 2009

IRO Case #:

**Description of the services in dispute:**

1) Review for medical necessity of 10 sessions of chronic pain management program.

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the National Board of Medical Examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

**Review Outcome:**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Overtured.

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 proposed 10 sessions of a multidisciplinary chronic pain management program are medically necessary.

**Information provided to the IRO for review**

**Records received from the State:**

Request for review by an IRO 8/13/09 3 pages

Utilization review 7/10/09, 7/31/09 4 pages

**Records received from the Carrier:**

Employers First Report of injury of illness xx/xx/xx 1 page

Associate Statement 10/16/06 2 pages  
Radiology report 10/15/06 2 pages  
Emergency Physician Record 10/15/06 3 pages  
Work release 10/15/06 1 page  
Discharge summary 10/15/06 1 page  
Texas Workers' Compensation Work Status Reports 10/18/06, 10/24/06, 10/31/06, 11/13/06, 12/4/06, 12/12/06, 12/27/06, 1/30/07, 2/7/07, 2/21/07, 4/5/07, 5/11/07, undated, undated, 12/13/07, 2/18/08, undated, undated, 5/12/08, undated, 8/15/08, undated, 10/8/08, undated, 2/6/09, 2/23/09, 3/23/09, 4/26/07, 7/8/09, 5/4/09, 6/8/09, 8/10/09 32 pages  
Medical Clinic Initial visit notes 10/18/06 2 pages  
Medical Clinic Follow up visit notes 10/24/06, 10/31/06, 11/7/06, 11/13/06, 11/20/06, 12/4/06, 12/12/06, 1/5/07, 1/16/07, 1/30/07, 2/7/07, 2/21/07, 4/5/07, 4/25/07, 5/11/07, 2/23/09, 5/29/07, 8/21/07, 4/21/08, 5/12/08, 9/22/08, 10/8/08, 12/8/09, 1/21/09, 2/6/09, 3/23/09, 5/6/09, 6/8/09, 7/8/09 57 pages  
Radiology reports 11/30/06, 12/1/06 4 pages  
Prescription for Psychological and Rehabilitation services 12/1/06 1 page  
Psychological evaluation 12/5/06 5 pages  
Individual Psychotherapy note 12/12/06, 1/8/07, 2/27/07 3 pages  
Functional capacity exam (FCE) 12/22/06, 3/16/07, 4/30/07 26 pages  
Health and Behavioral Reassessment Summary 1/25/07 3 pages  
MD Initial Consultation Report and Findings 2/1/07 2 pages  
Bone scan 3/15/07 1 page  
Work hardening daily progress notes 4/17/07-4/24/07 8 pages  
Follow up report 5/3/07 2 pages  
EMG consultation 5/16/07 4 pages  
Orthopaedic Center office visit notes 8/14/07, 10/25/07, 4/18/08, 5/12/08, 7/21/08, 1/8/09 21 pages  
MD follow up visit notes 7/19/07 1 page  
Work status note 10/29/07 1 page  
Authorization for absence 2/18/08 1 page  
Procedure note 3/17/08 1 page  
Operative report 9/4/08 2 pages  
Daily note 11/5/08 2 pages  
Work Hardening Program Psychotherapeutic group note 4/24/07 1 page  
URA request Documentation and Determination Letters:  
Fax coversheet requesting CPMP 7/7/09, 7/29/09 2 pages  
Authorization request forms 7/7/09, 7/29/09 2 pages  
Fax coversheet requesting and review by an IRO 8/13/09 1 page  
IRO summary 8/19/09 2 pages  
ODG Guidelines 23 pages  
Records received from MD:  
Mental Health Evaluation 6/30/09 6 pages

Preauthorization request 7/6/09 2 pages  
Work Capacity Evaluation 7/24/09 7 pages  
Request for reconsideration 7/29/09 2 pages  
Letter of medical necessity 8/19/09 2 pages

**Patient clinical history [summary]:**

The patient is a xx-year-old female who allegedly suffered a workplace injury on xx/xx/xx. Subsequently, she developed pain in her right hand. Physical examination reveals tenderness of the right middle finger and a palpable nodule over the middle finger. She has undergone extensive treatment, including various medications, surgery, physical and psychological therapy, but still has severe pain and accompanying depression.

**Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision:**

According to the submitted medical record, the patient satisfies the ODG Treatment Index criteria for an initial trial of 10 days of a multidisciplinary chronic pain management program. She has undergone repeated evaluations of her pain syndrome, including a recent evaluation including psychological as well as functional evaluation. She has undergone 3 years of various types of treatment, including medications, physical and psychological therapy and surgery. Based on the ODG Guidelines, the proposed trial of a multidisciplinary pain management program appears to be medically necessary.

The evidence for carpal tunnel syndrome as the primary cause of the claimant's pain is very thin, primarily the positive Tinel's sign. She has already undergone a trigger finger release that was recommended by the same doctor who is also diagnosing bilateral carpal tunnel syndrome and that apparently did little good. No NCV showing medial nerve impingement is provided. Although bilateral carpal tunnel release might be helpful, this is not by any means clear. Therefore, ODG criterion (3) cannot be said to fail. It is unlikely, given the diversity of her symptoms, that bilateral carpal tunnel release would result in resolution of her symptoms, and such surgery might well exacerbate the symptoms.

**A description and the source of the screening criteria or other clinical basis used to make the decision:**

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) An adequate and thorough evaluation has been made.

(2) Previous methods of treating the chronic pain have been unsuccessful.

(3) The patient has a significant loss of ability to function independently resulting from the chronic pain.

(3) The patient is not a candidate where surgery would clearly be warranted.

(5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change.

Integrative summary reports that include treatment goals, progress assessment 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. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains.

ODG Treatment Index, Pain. Encinitas, CA: Work Loss Data Institute, 2006.

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