



Notice of Independent Review Decision

DATE OF REVIEW: 3/26/10

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for 10 (ten) sessions of a chronic pain management program (CPMP, 97799).

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

Texas licensed Clinical 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 10 (ten) sessions of a chronic pain management program (CPMP, 97799).

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Request Form dated 3/15/10.
- Adverse Determination Letter dated 3/5/10, 2/4/10.
- Environmental Intervention dated 3/3/10.

- Chronic Pain Management Program Pre-Authorization Request dated 2/25/10, 1/29/10.
- Request for 10 days of a Chronic Pain Management Program dated 2/25/10, 1/29/10.
- Report of Medical Evaluation dated 2/17/10.
- History/Physical Examination dated 2/17/10, 1/14/10.
- Evaluation Letter dated 1/15/10.
- Range of Motion Report dated 1/8/10.
- Evaluation and Treatment Form dated 11/5/09.
- Designated Doctor Evaluation dated 9/17/09.
- Patient Face Sheet dated 9/2/08.
- New Patient Visit dated 1/22/09.
- Consultation Report dated 10/7/08.
- Upper Extremity Joint Without Contrast MRI dated 4/17/08.
- Impairment Rating MMI/IR dated 6/11/09.

PATIENT CLINICAL HISTORY (SUMMARY):

Age: xx
Gender: Female
Date of Injury: xx/xx/xx
Mechanism of Injury: Slip and fall, hitting her head and left side of body, with loss of consciousness.

Diagnoses: Sprain shoulder/arm, cervical sprain/strain, cervical radiculitis, and adjustment disorder, chronic, with mixed anxiety and depressed mood secondary to the work injury.

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

The claimant is a female who sustained a work related injury to her head, cervical spine, and left leg on xx/xx/xx, while performing her customary duties. Medical records indicated the claimant had been employed with the company for xx years at the time of the work injury. She reported she was entering the area to retrieve an ice tea container, and didn't realize that the floor had been mopped and was wet. As she was entering the from the kitchen, she stated her left leg gave way, folding underneath her and she fell back and hit the back of her head towards the left side of her body on a door frame. She related that she momentarily lost consciousness because she was not completely aware of what had happened from the time of the fall until a co-worker was helping her up and telling her that she fell. She indicated that she was taken to the. At that time, she could not remember her phone number although she could remember her name. The injury was reported to her supervisor. She drove herself home and took some over-the-counter (OTC) pain medication and went to sleep thinking she would feel better the next day. The following day her supervisor called to check on her and told her to go to the company doctor. The claimant stated that she

hurt so much that she did not feel like she could get out of bed, but she followed her supervisor's orders and went. At the clinic, an x-ray was taken and her arm was placed in a sling; she was also provided pain medication. Subsequently, she has completed a total of 10 sessions of individual psychotherapy. The claimant participated in 20 days of work hardening program; however significant pain elevations were reported with activity and the claimant reported very limited ability to self-modulate pain so that she could perform important tasks such as household chores and work duties. A request for psychological testing was recently denied by the carrier. The claimant continued to report marked pain and unresolved functional problems that were associated with reliance on significant others to complete activities of daily living (ADLs).

MD, an internal medicine physician, denied the initial request according to medical record dated 02/03/2010. Dr. stated the claimant was doing well and was working. There was no medical indication for chronic pain management for the following diagnoses: sprain shoulder/arm, cervical sprain/strain, and cervical radiculitis. He also indicated that according to medical record, the claimant has had 10 psych counseling sessions and 20 sessions of Work Hardening. He stated that he spoke to Dr. and he indicated the claimant was not on any prescribed medication. She was working full time as a and was taking OTC non-steroidal anti-inflammatory drugs (NSAIDs) as necessary. Dr. reported the Official Disability Guidelines (ODG), Pain- Chronic pain programs (functional restoration programs), state the following: *(13) At the conclusion and subsequently, neither re-enrollment in 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 (with possible exception for a medically necessary organized detox program). Prior to entry into a program the evaluation should clearly indicate the necessity for the type of program required, and providers should determine upfront which program their patients would benefit more from.*" This was indicated in medical record received.

Dr., pain psychologist, performed a review of the denied services for reconsideration and came to similar conclusions noted by Dr.. Dr. stated that the "patient does not fit ODG criteria for CPMP as she is working, taking no medications, has moderate pain, and limited psychological distress." Dr. also stated "I do not think she in any way meets the ODG criteria for CPMP."

This reviewer upholds the prior reviews in that the medical necessity for admission to a CPMP is not supported based on the ODG. The claimant is working full-time, not taking pain medications, in moderate pain, and limited psychological stress. A psychological evaluation, according to ODG, was not done for ruling out "red flags" that could impede participation in a CPMP such as personality disorder. A master's level intern completed the claimant's initial evaluation and she diagnosed the claimant with "adjustment disorder, chronic, with mixed anxiety and depressed mood secondary to the work injury," "Rule-out secondary to head trauma," and "Rule-out Cognitive Disorder NOS, secondary to head secondary to the work injury." In addition to the claimant not receiving a comprehensive psychological evaluation, the presence of suspected head

trauma would not be appropriate for a cognitive based program where the primary focus is not brain injury.

The ODG, Pain – Chronic Pain Programs (functional restoration programs) states Outpatient pain rehabilitation programs may be considered medically necessary in the following circumstances:

(1) The patient has a chronic pain syndrome, with evidence of loss of function that persists beyond three months and has evidence of three or more of the following: (a) Excessive dependence on health-care providers, spouse, or family; (b) Secondary physical deconditioning due to disuse and/or fear-avoidance of physical activity due to pain; (c) Withdrawal from social activities or normal contact with others, including work, recreation, or other social contacts; (d) Failure to restore preinjury function after a period of disability such that the physical capacity is insufficient to pursue work, family, or recreational needs; (e) Development of psychosocial sequelae that limits function or recovery after the initial incident, including anxiety, fear-avoidance, depression, sleep disorders, or nonorganic illness behaviors (with a reasonable probability to respond to treatment intervention); (f) The diagnosis is not primarily a personality disorder or psychological condition without a physical component; (g) There is evidence of continued use of prescription pain medications (particularly those that may result in tolerance, dependence or abuse) without evidence of improvement in pain or function.

(2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement.

(3) An adequate and thorough multidisciplinary evaluation has been made.

(10) 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 they are being made on a concurrent basis.

There was no indication in medical record that would indicate Ms. was considered an outlier and was in a life-threatening crisis or suffered from any serious mental illness (e.g. PTSD) that would exacerbate her symptoms. This reviewer upholds the decision of the prior reviews concerning this case and the prior adverse determination for services is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

□ ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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, 8th edition (web), 2010, Pain – Chronic Pain Programs (functional restoration programs).
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).