

- IRO Appeal Report dated 8/13/10, 8/3/10.
- History/Examination dated 7/14/10.
- Follow-Up Office Visit dated 5/27/10, 4/1/10, 3/2/10.
- Procedure Summary/Treatment Planning (unspecified date).

PATIENT CLINICAL HISTORY (SUMMARY):

Age:

Gender: Female

Date of Injury: xx/xx/xx

Mechanism of Injury: repetitively lifting and carrying inventory

Diagnosis: Herniated Nucleus Pulposas

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

This female sustained a work-related injury to her neck and back on xx/xx/xx. The mechanism of injury was repetitively lifting and carrying inventory. Diagnostic testing revealed herniated nucleus pulposus (HNP). She was treated with physical therapy (PT) and multiple steroidal injections. However, her pain continued and she eventually had a cervical fusion in 2000. Patient used pain medications to control her pain, but used them in excess. She reported limited physical functioning, unemployment, overuse of opioids, depression, anxiety, and sleep problems. She was eager to decrease her need for medication. Patient had developed multiple psychological symptoms secondary to her pain including feelings of hopelessness and helplessness, sadness, severe depression, and anxiety. She had reported her depression as 9/10. Patient had a low level of self-efficacy and had extremely limited knowledge of cognitive or behavioral pain management skills. She underwent psychological treatment including individual and group therapy, PT, and vocational services. She has completed 10 sessions of a Functional Restoration Program during which she was placed on Suboxone. Since this treatment, her anxiety had decreased from 7-8/10 to 5/10 and at times much lower. Her mood seemed elevated and her depression seemed not as severe. Her crying episodes had decreased significantly and she was beginning to develop better coping skills. Current request is for 10 more sessions of Functional Restoration Program, which is excessive. Only 5 more sessions of Functional Restoration Program is medically necessary. The patient needs to continue with the program to further stabilize her condition and consolidate the gain already made. According to the ODG: "Chronic pain programs (functional restoration programs) Recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in 'Delayed recovery.' There should be evidence that a complete diagnostic assessment has been made, with a detailed treatment plan of how to address physiologic, psychological and sociologic components that are considered components of the patient's pain. Patients should show evidence of motivation to improve and return to work, and meet the patient selection criteria outlined below. While these programs are recommended (see criteria below), the research remains ongoing as to (1) what is considered the 'gold-standard' content for treatment; (2) the group of patients that benefit most from this treatment; (3) the ideal timing of when to initiate treatment; (4) the intensity necessary for effective treatment; and (5) cost-effectiveness. It has been suggested that interdisciplinary/multidisciplinary care models for treatment of chronic pain may be

the most effective way to treat this condition. (Flor, 1992) (Gallagher, 1999) (Guzman, 2001) (Gross, 2005) (Sullivan, 2005) (Dysvik, 2005) (Airaksinen, 2006) (Schonstein, 2003) (Sanders, 2005) (Patrick, 2004) (Buchner, 2006) These treatment modalities are based on the biopsychosocial model, one that views pain and disability in terms of the interaction between physiological, psychological and social factors. (Gatchel, 2005) See Biopsychosocial model of chronic pain.” 10 additional days appears to be excessive. However, 5 additional days of Functional Restoration Program is medically necessary.

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.
Pain (Chronic)
- 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).