



MedHealth Review, Inc.

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DATE OF REVIEW: 11/25/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a chronic pain management program (8 hours per day for 5 times a week for 2 weeks - 97799).

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. The reviewer has been practicing for greater than 15 years.

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 a chronic pain management program (8 hours per day for 5 times a week for 2 weeks - 97799).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Rehabilitation Center and Healthcare WC

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Rehabilitation Center: DO Examination Findings – 5/4/10-5/18/10; DC examination notes – 2/15/10, PPE report –

2/15/10, FCE report – 2/15/10, 4/19/10, & 7/14/10, PPE report – 4/19/10 & 7/14/10; Ed.D. evaluation report – 2/15/10; Healthcare Systems Daily Progress & Therapy Notes – 3/3/10-4/13/10; Mental & Behavioral Health Consultation & Progress Note CPMP – 4/19/10-5/6/10.

Records reviewed from Healthcare Healthcare Pre-cert Request – 8/31/10, Patient Referral and Intake Form – 2/2/10, Request for an Appeal – 10/1/10; CPMP Progress Note – Week 3 (7/6/10), Week 4 (7/13/10), & Week 5 (7/20/10); CPMP Weekly Goal Sheet – 7/6/10, 7/13/10, & 7/20/10; CPMP Progress Note - 6/29/10; Mental & Behavioral Health Consultation & Progress Notes CPMP – 6/29/10-7/1/10; Work Hardening Progress Note – 7/1/10; Script – 9/8/10; MD Operative Report – 12/9/09, Office Note – 1/22/10; Denial Letter – 9/15/10; and Recommendation for Continuation or Treatment modification – 6/3/10.

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

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury to the neck xx/xx/xx while employed as a xx. According to the records he was injured while lifting 2 inch steel cable onto a wench on a truck. He felt pain in his neck and shoulder. Dr. noted that the treatment included physical therapy and epidural steroid injection. In December 2009 he had surgery for C6-C7 discectomy and anterior cervical fusion, performed by, M.D.

At the request of Dr. a physical performance evaluation (PPE) was done 2/15/2010 wherein the patient demonstrated decreased cervical range of motion, performing the tasks at a PDL of medium, with pain. Therapeutic exercise sessions (97110) were recommended. The physical therapy sessions, including therapeutic exercise, were done from March 5 through April 13, 2010. Pain persisted.

Dr. referred him to EdD, for psychological evaluation and to determine the appropriateness of an Individual Counseling Program. Dr. evaluated the patient on February 15, 2010 and recommended cognitive behavioral psychotherapy, six sessions. Treatment sessions were done April 22, 2010 through May 6, 2010. On the progress note 5/3/2010 Dr. noted that the patient was "too depressed to learn more about injury ... and to gradually increase toward realistic goals". On the clinical note 5/6/2010 he was taking Celexa, with more energy, feeling less depressed.

On April 19 a physical performance evaluation was done at the request of Dr. and Dr. for evaluation for possible entry into a chronic pain management program. Test results documented impaired cervical range of motion and a functional performance level mostly in the medium PDL. Compared with the previous PPE there had been improvement of cervical range of motion except for

left rotation. There was some improvement in the lifting tasks (torso lift, leg lift). Psychological test scores were elevated.

On May 4, 2010 he was seen by D.O. for medication management consultation. Celexa was started and Dr. stated that the patient would benefit from participation in a multidisciplinary chronic pain management program to improve physical functioning and decreased pain levels and need for pain medications, and to address any psychological issues. On the follow-up visit May 18, 2010 Dr. noted that the patient had recently been hospitalized with the diagnosis of bipolar disorder. His psychiatrist had stopped the Celexa and started Trileptal.

The patient enrolled in a chronic pain management program in June and July 2010, with good effort and participation. On the treatment plan notes dated July 14, 2010 he had completed 100 percent of the program, attending four out of four days and 30 2/32 hours, with no absences. The patient was not progressing with a medication reduction schedule. The patient exhibited maximum pain behavior. Improvement had been noted on some of the psychological instruments, On the weekly goal the patient had made satisfactory progress toward most of the goals, but minimal progress toward attainment of range of motion within functional limits and increasing the work level 80 pounds occasionally and 50 pounds frequently. He was not yet able to tolerate 60 minutes of job simulation activities. He had not obtained the goal of stabilization of the depressed/dysphoric mood. The team anticipated 10 more visits to complete the program with successful attainment of established goals.

On the PPE July 14, 2010 he continued to show mild signs of decreased functional ability. Performance had decreased in several areas including lifting tasks and cervical range of motion. A Precertification Request was submitted August 31, 2010 for 8 units *additional* chronic pain management, eight hours per day/5 days per week for two weeks, upon approval. Status and goals were summarized. "Physically, he has improved core and leg strength and has improved tolerance to activities of daily living. However, he continues to display increased pain behaviors during activity and has not met physical demands for returning to work...."

On September 8, 2010 Dr. wrote a prescription for two additional weeks of the program followed by a discharge FCE. The requested treatment program was nonauthorized September 15, 2010. A request for an appeal for the chronic pain management program was submitted October 1, 2010. The proposed treatment program was nonauthorized on reconsideration October 12, 2010.

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

According to the clinical note by Dr. May 18, 2010 (six months ago) the patient had recently been hospitalized with a diagnosis of. bipolar disorder. His

psychiatrist stopped the Celexa and started Trileptal. The 10 day chronic pain management program took place in late June and early July 2010. Some clinical notes from the chronic pain management program mention that the patient was taking antidepressant medications, but no details were given regarding these medications. It is reasonable to assume that the medications for treatment of bipolar disorder were being adjusted for a time after the hospital admission in May. Optimal response to the medications would take time (weeks to months), at which time the chronic pain management program would be more effective. There is evidence that the patient was beginning to respond to treatment. Toward the end of the chronic pain management program he was apparently performing better in therapy. Vocational/return to work activities included preparation of a résumé, practice with job applications, and familiarization with resources of the DARS program. He reported that he felt less depressed and anxious. On the progress note dated 6/29/10 he focused on more realistic goals, plans for less demanding work, and positive future interests. He was more confident to find lighter PDL. He "wants to RTW, at lesser PDL."

According to the ODG Treatment Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), updated 11/22/10: Negative predictors of success should be identified, and if present, the pre-program goals should indicate how these will be addressed. Negative predictors of success were addressed in the Request for an Appeal dated October 1, 2010. As stated in the second page of the request: Continuation of services will ...implement non-opiate pain management strategies, continue to challenge cognitive distortions, implement pacing and distraction, positive thinking, stress management and coping skills training, while encouraging increased socialization and activity and helping the patient shift his focus from a biological cure to self-management of his pain. Dr. will follow the patient during the course of treatment with a goal of nonopiate care and self-management of symptoms without reliance on narcotic medications. The patient has signed a medication contract showing his willingness to reduce narcotic medications and even in secondary gains with success of the 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)