

MEDR X

791 Highway 77 North, Suite 501C-316 Waxahachie, TX 75165
Ph 972-825-7231 Fax 214-230-5816

Notice of Independent Review Decision

DATE OF REVIEW: 2/11/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 10 sessions of chronic pain management.

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 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 agrees with the previous adverse determination regarding the medical necessity of a chronic pain management program.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Pain & Recovery, MD, Risk Services, and Invasive Pain

These records consist of the following (duplicate records are only listed from one source):

Records reviewed from Pain & Recovery Clinic: MD letter – 1/22/10, Request for reconsideration – 12/23/09, Treatment Extension Request – 12/11/09, Progress Summary – 10/29/09, Pre-authorization request – 10/2/09; M.Ed., LPC Mental Health Evaluation Report – 9/29/09, Discharge Summary – 9/29/09.

Records reviewed from MD: MD letter – 1/6/09 and Health History.

Records reviewed from Specialty Risk Services: Denial Letters – 12/17/09 & 12/30/09 and Pain & Recovery Pre-authorization requests – 12/14/09 & 12/23/09.

Records reviewed from Advanced Invasive Pain: PA-C Office Notes – 1/27/09-4/14/09 and, MD Procedure Notes – 3/31/09(x2).

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

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured xx/xx/xx while working. According to the records, she sustained injuries to her back, left knee and neck when the van she was driving was struck by an 18-wheeler. She was seen at a Hospital and was released.

She was referred to Dr. On January 6, 2009 she was seen by, M.D. for neurology consultation. Dr.'s impression was that she had subjective complaints of neck pain, mid back pain and low back pain. There was no evidence of any objective clinical abnormalities. "She has intact strength and reflexes. At most, she sustained some stretching of her soft tissues. Four weeks have now passed and I see no reason why she cannot return to full-duty work. No further evaluation is warranted. There is no specific therapy that would be beneficial at this point in time".

On January 27, 2009 the patient was referred by Dr. to Dr. regarding neck pain, thoracic pain, lumbar pain and left knee pain. Medications and physical therapy were continued. On 31/2009 the patient underwent selective nerve root block at L4, L5 on the right. On the follow-up visit 4/14/2009 the record indicates that the patient experienced at least a 50 percent reduction in her symptoms, although the findings reported in the musculoskeletal section of the physical examination were unchanged compared with the findings listed on 2/24/2009, prior to the procedure.

In a discharge summary submitted 09/29/2009 by, M.Ed., L.P.C. the examiner summarized that the patient had been treated with physical therapy, medications, lumbar injections and a brief course of individual psychotherapy. Her medications at that time included Ultram 50 milligrams and Cymbalta 20 milligrams. Some progress was noted in response to the brief course of individual psychotherapy. A chronic pain management program was recommended.

On 9/29/2009 a mental health evaluation was done by, M.Ed., L.P.C. In the conclusions and recommendations section of the evaluation report, the examiner stated the following: The patient manifests a symptom pattern highly consistent with Pain Disorder Associated with Both Psychological Factors and a General Medical Condition and Major Depressive Disorder. It appears that the patient is an appropriate candidate for a comprehensive chronic pain management program that would include individual psychotherapy, group psychotherapy, biofeedback, vocational counseling, nutritional counseling, exercise and physical therapy. This should help her decrease her intensity of subjective pain, decrease her use of medications, increase her ability to manage pain, decrease her symptoms of depression and anxiety, improve range of motion, flexibility and muscle tone, and increase the likelihood that she will return to work Group and staff support will help patient increase her motivation and help her accept and adjust to her injury. Group therapy will give the patient the opportunity to observe how fellow patients cope with their stressors and adopt strategies for herself. Goals

of program will include an increase in patient's GAF of 10 points, a decrease in patient's subjective rating of pain by 2-3 points and a decrease of 5-10 points on the BDI and BAI.

Ten sessions of chronic pain management program (five days a week for two weeks) were requested on 9/29/2009. Ten additional sessions of the chronic pain management program were requested on 10/29/2009. On December 11, 2009 a request was made for 10 days treatment extension. On December 17, 2009 the requested services were non-certified.

On December 23, 2009 Dr. submitted a request for reconsideration, citing extenuating circumstances:

- Her limited education and lack cross-training limits her vocational options.
- Her functional progression has not plateaued.
- She is less fearful of her pain; however, she is fearful of being unable to work effectively and consistently enough to adequately support her household.
- Although she is more proficient, she has not mastered use of the pain and stress management techniques.
- Despite her progress, she is at risk of relapse, and she has not completed relapse prevention training.

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

According to the 2010 Official Disability Guidelines Chapter on Pain (Chronic):

- Chronic pain programs (functional restoration programs) are 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."
- Total treatment duration should generally not exceed 20 full-day (160 hours) sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities).
- Treatment duration in excess of 160 hours requires a clear rationale for the specified extension and reasonable goals to be achieved. **Longer durations require individualized care plans explaining why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed).**

The status reports and the list of treatment goals submitted with the requests for additional therapy do not include an "individualized care plan explaining why improvements cannot be achieved without an extension". The documents submitted for review do not include "evidence of documented improved outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed)".

While the recommendations for number of visits are *guidelines* and are not meant to be absolute caps for every case, the guidelines for chronic pain management programs specifically address requirements pertaining to treatment duration in excess of 160 hours, as noted above in boldface type.

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)