



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 6/29/2010

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 5 x Wk x 2 Wks (80 hours) (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 5 x Wk x 2 Wks (80 hours) (97799).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Rehab Ctr and Coventry Healthcare WC

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

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

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related injury back xx/xx/xx. According to the records from the physical examination xxxxxx, the patient was injured when she opened the door of a freezer which came off its hinges and struck her on the left side of the head. She lost consciousness for a time. When she awoke the freezer door was on her chest. She was transported to a hospital where x- rays of the back and shoulder were taken (reports not available for review). CT scan of the head without contrast on September 23, 2009 was reported by, M.D. to show the following:

No abnormalities of the brain

Fluid opacifying most of the left mastoid air cells

A small amount of soft tissue debris within the left middle ear cavity.

Initial physical examination by Dr. was done on xxxxx, with a diagnosis of post concussion headaches, brain contusion, increased fluid in the mastoid air cells with tissue debris in the left middle ear cavity, contusion left shoulder and upper chest, cervical strain. This was a handwritten note which was not completely legible. Dr. recommended continuing the physical therapy that had already been started, continuing her current medications (not listed) no work while on narcotics, and to return for follow-up in two weeks.

On the follow-up visit with Dr. November 3, 2009, the patient had just finished her last day of physical therapy. Some of the handwritten notes are not legible. The plan was to continue physical therapy for two more weeks and to return for follow-up in two weeks, with no work while on narcotics. The handwritten note November 23, 2009 indicated that physical therapy was denied.

A functional abilities evaluation was done January 6, 2010, wherein the examiner recommended "consider evaluation for psychopharmacological treatment for depression". A Patient Summary that accompanies the report mentions to the patient that "there are effective ways of treating depression, which may include medication or talking to a professional about your problems".

On January 7, 2010 an evaluation was performed by, MA., L.P.C., who listed the current medications to be clonazepam 0.125 milligrams at bedtime and propoxyphene N with APAP 650 milligrams q4 to six hours prn, and "other medications not related to the current injury". The examiner recommended a work hardening program for 10 sessions, noting that if her emotional status changes, "she will be considered for psychological re-evaluation".

An Opioid Agreement Form dated January 8, 2010 stipulated that "Dr. or his designee in the Healthcare Systems/ Rehabilitation" would be the ones from whom pain medications and other controlled substances would be requested and received.

The work hardening plan of treatment was summarized on February 2, 2010. On February 5, 2010 the progress note indicated some improvement, but minimal progress toward the goals of increasing tolerance for purposeful activities and activities of daily living incorporating squatting, bending, pushing, kneeling, pulling, reaching, overhead reaching, squatting, fine motor, grasping, and repetitive hand movements with decreased reports of pain by discharge. Barriers to progress included the comment that repetitive heavy lifting was very bothersome.

A physical performance evaluation was done February 11, 2010. According to the evaluation report, the patient could not complete some activities due to pain in the area of injury. The activities included reaching, stooping, crouching, crawling, overhead reaching. Other activities could be performed, although there was an increase in pain during walking, balance, squatting and kneeling. The neck disability index score was worse than it had been on January 6, 2010.

On February 12, 2010 the work progress note reported improvement in dynamic lift/endurance. BDI and BAI scores were worse than those previously reported. Minimal progress had been made toward lifting and activities of daily living.

On the progress note February 16, 2010 the patient reported that pain had increased. She did not perform the lifting evaluation on that day. On February 19, 2010 the work hardening program weekly progress note number three (the last of the 10 scheduled treatment sessions was in the third week) documented improvement during the course of the treatment program, noting that the patient continued with severe levels of pain and anxiety, with frustration regarding the ability to complete [preinjury] tasks.

On April 6, 2010, a Precertification Request for Chronic Pain Management, 8 hours per day for 10 days, was submitted by, MA, LPC.

On the xxxxxx Daily Progress and Therapy Note April 7, 2010 the patient reported to the examiner that the pain level was nine on a scale of 0-10. "Still no relief. ADL increasingly difficult for her to perform". On the progress note April 16, 2010 the patient reported a pain level of 10. The examiner stated that the patient was notified she needed a new treating Dr. and will be looking today. She continued to be in preauthorization for additional work hardening.

On April 20, 2010 a request was submitted for an appeal regarding denial of the chronic pain management program, 10 sessions. Some of the document appears to be missing. Four numbered pages were submitted, but there are no closing remarks, no signature at the bottom of the submitted document. In the document, it was acknowledged that the patient had not been treated with any antidepressant medication and this therefore represents a situation in which other appropriate and reasonable treatment options have not been fully explored.

After 10 sessions of work hardening it was felt that the patient was more appropriate for the chronic pain management program, as she presented with high subjective complaints, constant pain behaviors during activity, and high related psychological factors. "The CPMP can provide more in-depth focus on management of pain and can provide a more intense environment psychologically than a work hardening program... program can also provide medical management with close medication follow up for evaluation of antidepressant medication". The progress report dated April 16 indicated that she needed to look for a new treating physician. On the third page of that document, reference is made to pain medication contract citing a primary goal of reducing narcotic medication while in the program. "The program physician will provide close medication management with potential reduction of 10-20 percent with initial sessions".

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

The patient does have chronic pain. She participated in a 10 day program of work hardening, making some progress as noted. However, after 10 sessions of work hardening it was felt that the patient was more appropriate for the chronic pain management program due to pain and pain behavior.

According to the ODG Guidelines: A chronic pain program should not be considered a "stepping stone" after less intensive programs, but prior participation in a work conditioning or work hardening program does not preclude an opportunity for entering a chronic pain program if otherwise indicated.

Pertaining to outcomes (in terms of body parts): Neck and Shoulder: There are limited studies about the efficacy of chronic pain programs for neck, shoulder, or upper extremity musculoskeletal disorders. This may be because rates of cervical claims are only 20-25% of the rates of lumbar claims. In addition, little is known as to chronicity of outcomes. Researchers using PRIDE Program (Progressive Rehabilitation Institute of Dallas for Ergonomics) data compared a cohort of patients with cervical spine disorders to those with lumbar spine disorders from 1990-1995 and found that they had similar outcomes... (Wright, 1999)

The decision to authorize the requested treatment must be made on the basis of the records submitted for review, but the following assumptions are made:

- As stated in the Request For an Appeal dated April 20, 2010: "The CPMP can provide more in-depth focus on management of pain ... can also provide medical management with close medication follow up for evaluation of antidepressant medication.
- As stated in paragraph 4, page 2 of the request for an appeal: the program physician will provide close medication management...

This patient meets the criteria for the requested service according to the records submitted. Therefore, this request is found to be medically necessary at this time.

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)