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Notice of Independent Review Decision

DATE OF REVIEW: 06/27/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of chronic pain management (one 4 hour session per month for 6 months).

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 chronic pain management (one 4 hour session per month for 6 months).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:, MD and Co.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from MD: LHL009 – 6/4/10; Request for an IRO letter – 4/12/10, Appeal Letter – 4/12/10, Request for pre-auth – 3/11/10,

Behavioral Medicine Eval report – 7/30/09; Physical Assessment Eval and Treatment Plan – 3/2/10, CPM PT Goals – 3/5/10, FCE Summary – 3/5/10. Records reviewed from Indemnity Ins. Co.: Denial Letter – 3/22/10 & 4/20/10; and Accuhealth CPMP pre-auth request – 3/17/10 & 4/12/10.

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

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, this injured worker was injured in a work related accident on xx/xx/xx. He slipped on metal steps and fell down several flights striking his head. Records indicate that there was a two-to-three minute loss of consciousness. He was seen at Medical Center and diagnosed with a head contusion and a contusion of the left shoulder. On December 19, 2007, he was evaluated by D.O. who diagnosed a cervical disk injury, left shoulder abrasion, and lumbar disk injury.

Records indicate that the patient had extensive evaluation including x-rays, MRI, ultrasound, and electrodiagnostic studies. He was treated with medications and physical therapy. On May 13, 2008, he underwent a left shoulder acromioplasty and distal clavicle resection. He developed a frozen shoulder and had a second surgical procedure on the left shoulder on March 6, 2009. He also had lumbar facet injections and aponeurosis injections.

He ultimately entered a chronic pain management program in January and February of 2010. Records indicate that he showed improved activity level, decreased narcotic intake decreasing his medication intake from six tablets to three tablets a day, decreased emotional symptoms, and an improved work status with enrollment in a local college. His treating therapist and case manager apparently recommended a six to twelve month interdisciplinary after care program and this was requested by his treating physician.

On February 18, 2010, M.D., his treating physician, updated diagnoses to include cervical facet syndrome, cervical radiculitis, lumbar diskogenic pain, lumbar disk sprain and strain, status post left shoulder surgery, and left shoulder adhesive capsulitis.

There is indication in the medical record that there were two requests for consideration of after care for the chronic pain management program and both requests were denied. Apparently, the first denial was based on the fact that the “need to solidify treatment gains and complete detoxification from opiate medications do not provide an individualized care plan.” The reviewer stated that the patient should be encouraged to function more independently and self manage psychological symptoms thus reducing his dependency on an interdisciplinary team and services. A second denial stated that the goals presented in the request for the after care program were primarily for

maintenance of goals already achieved and did not meet the requirements for an interdisciplinary after care program.

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

This record indicates that this injured worker had documented injuries in a work related accident on xx/xx/xx. He had aggressive evaluation and therapy including medications, physical therapy, injections, and two surgical procedures on his left shoulder as well as chronic pain management program. He apparently developed significant behavioral and psychological sequelae including depression, anxiety, a sleep disorder, fear of injury, and limited activities due to pain. He completed a chronic pain management program in February of 2010 and the record indicates that there was improvement following this including reduction in dependency on medications, increased physical activity, decreased emotional symptoms and dysfunctional attitude toward pain, and improved work status with the injured individual entering a college training program.

The ODG Guidelines do provide for a post chronic pain management treatment program which is less intensive and time limited provided goals of intervention and plan duration are specified. The requestors of the after care program repeatedly reference the 2005 article from in their request. It is the understanding of the reviewer that the article was considered by the authors of the ODG Guidelines, but apparently not included in the ODG Guidelines.

This injured worker and his record indicate that he had a positive response to his initial chronic pain management program although his pain levels are still listed as averaging 7 to 8 on a scale of 0 to 10, he continues to report significantly limited physical activity and sleep disturbance, and testing continues to show high levels of nervousness, anxiety, and tension. To the reviewer, these indications of significant impairment and psychological and behavioral problems would cause one to question whether or not there had really been an adequate response to the initial chronic pain management program.

Nevertheless, there is indication in the record that the program did provide beneficial effects and the Guidelines do provide for an after care program when such need is demonstrated and there are documented goals and time frames. The treating M.D. and Dr. do provide evidence that an aftercare program is needed and comprehensive goals which include much more than maintenance of gains and should lead to improved function with participation in a multidisciplinary after care program. Therefore, this individual does meet ODG Guideline criteria for a chronic pain management after care 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)**