

Notice of Independent Review Decision
PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 6/17/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Chronic Pain Management Program (CPMP), (10) ten sessions, related to the lumbar spine

QUALIFICATIONS OF THE REVIEWER:

Psychology, Neuropsychology

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)

Outpatient Chronic Pain Management Program (CPMP), (10) ten sessions, related to the lumbar spine Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Notice of assignment by, dated 5/27/2010
2. Letter by MD, dated 4/24/2010
3. Form by Author unknown, dated 8/13/2009
4. Work status report by Author unknown, dated 8/13/2008 to 7/28/2009
5. Progress note by Author unknown, dated 8/13/2008 and 1/23/2009
6. Worker's compensation commission statement by Author unknown, dated 1/15/2007 to 8/20/2009
7. Neurological consultation by MD, dated 10/22/2003
8. Request for reconsideration by Author unknown, dated 11/12/2002 and 12/6/2002
9. Letter by MD, dated 7/22/2002
10. Request for reconsideration by Author unknown, dated 7/10/2002
11. Daily symptoms sheet by Author unknown, dated 6/11/2002 and 6/13/2002
12. Subsequent medical report by Author unknown, dated 4/16/2001
13. Subsequent visit medical report by Author unknown, dated 4/16/2001
14. History note by MD, dated 2/21/2001
15. Letter by Author unknown, dated 11/21/2000
16. History note by MD, dated 11/1/2000
17. Re evaluation by Author unknown, dated 10/23/2000
18. Care plan by, dated 10/23/2000
19. Daily note by, dated 10/20/2000
20. Daily note by, dated 10/16/2000 and 10/17/2000
21. Initial evaluation by, dated 10/12/2000
22. Care plan by, dated 10/12/2000
23. History note by MD, dated 10/10/2000
24. Clinical note by Author unknown, dated 9/15/2000 and 9/18/2000
25. Electrodiagnostic studies by MD, dated 8/2/2000
26. Form by Author unknown, dated 5/4/2000
27. Emergency department record by Author unknown, dated 5/4/2000
28. Stat broadcast report by Author unknown, dated 4/5/2000
29. Specimen inquiry report by Author unknown, dated 4/5/2000
30. Physician's orders by Author unknown, dated 4/5/2000 to 5/5/2000
31. Form by Author unknown, dated 4/5/2000
32. Consent for treatment by Author unknown, dated 4/5/2000
33. Release of information by Author unknown, dated 4/5/2000
34. Change bill by Author unknown, dated 3/21/2000

35. Letter by, dated 12/21/1999
36. Pulmonary physical evaluation by Author unknown, dated 11/10/1999
37. Letter by, dated 10/19/1999 to 12/17/1999
38. Cervical spine by MD, dated 9/21/1999
39. Pulmonary physical evaluation by Author unknown, dated 9/13/1999
40. Employer's first report dated 9/17/1998
41. Graphic report dated unknown,
42. Clinical note by Author unknown, dated unknown,
43. Medication administration record by Author unknown, dated unknown,
44. Letter by, dated 5/28/2010
45. Notice to air analyses by, dated 5/27/2010
46. IRO request form dated 5/27/2010
47. Fax page dated 5/27/2010
48. Notice of assignment by, dated 5/27/2010
49. Request for a review dated 5/26/2010
50. Notice of utilization dated 5/26/2010
51. Request for a review dated 5/26/2010
52. Notice of utilization dated 5/26/2010
53. Fax page dated 5/19/2010
54. Appeal for additional by DC, dated 5/19/2010
55. Appeal for additional by DC, dated 5/19/2010
56. Notice of utilization dated 5/11/2010 and 5/26/2010
57. Clinical note dated 5/11/2010 and 5/26/2010
58. Fax page dated 5/7/2010
59. Request for additional chronic pain by DC, dated 5/6/2010
60. Request for additional by DC, dated 5/6/2010
61. Report of pain management progress by Ph.D, dated 4/30/2010
62. Report of pain management progress by DC, dated 4/30/2010
63. Report of pain management progress by PhD, dated 4/30/2010
64. Report of pain management by Ph.D, dated 4/30/2010
65. Report of pain management by Ph.D, dated 4/30/2010
66. US extremity vein by MD, dated 4/23/2010
67. Extremity vein by MD, dated 4/23/2010
68. Fax page dated 4/6/2010
69. Therapy notes dated 3/22/2010 to 4/2/2010
70. Exercise flow sheet dated 3/22/2010 to 4/2/2010
71. Exercise flow sheet dated 3/22/2010 to 4/2/2010
72. Exercise flow sheet dated 3/22/2010 to 4/2/2010
73. MR lumbar spine by MD, dated 2/16/2010
74. MRI lumbar spine dated 2/16/2010
75. MRI lumbar spine by MD, dated 2/16/2010
76. MRI lumbar spine by MD, dated 2/16/2010
77. Initial evaluation by MD, dated 2/12/2010
78. Email note by, dated 2/11/2010
79. History note by MD, dated 2/2/2010
80. Initial diagnostic screening by SWA, dated 1/12/2010
81. Report of functional capacity dated 12/16/2009
82. Fax page dated 8/14/2009
83. Doctor evaluation by MD, dated 8/11/2009
84. Physical examination dated 8/11/2009
85. Progress note dated 7/29/2009 to 4/2/2010
86. Assessment note by LCSW, dated 7/17/2009
87. Letter by MD, dated 6/24/2009
88. Letter by MD, dated 6/2/2009
89. Progress report dated 4/9/2009
90. Procedure report by MD, dated 4/3/2009
91. Fax page dated 3/16/2009
92. Progress report by MD, dated 3/10/2009 to 5/29/2009
93. History note by MD, dated 3/5/2009
94. Double knee to chest dated 2/27/2009 to 8/20/2009
95. Patient information dated 2/24/2009
96. Exercise form dated 2/18/2009 to 8/14/2009
97. Letter by author unknown, dated 1/27/2009
98. Procedure report by MD, dated 1/23/2009
99. Claims by author unknown, dated 1/9/2009 to 1/7/2010

100. Doctor evaluation by MD, dated 1/6/2009
101. Prescription note dated 1/6/2009
102. Bilateral lower extremity by MD, dated 1/6/2009
103. Report of medical evaluation dated 1/6/2009 to 8/11/2009
104. Evaluation note by MD, dated 1/5/2009
105. Prescription note by DC, dated 12/10/2008
106. Interim narrative by DC, dated 12/10/2008 to 1/4/2010
107. Letter by DC, dated 12/10/2008
108. Therapy form dated 12/10/2008 to 1/4/2010
109. Discharge summary dated 12/9/2008
110. Email note dated 11/19/2008
111. Evaluations by MD, dated 11/13/2008
112. Form by author unknown, dated 11/4/2008
113. Notice of disputed issue dated 10/9/2008
114. Letter by MD, dated 10/3/2008 to 10/30/2008
115. History note by MD, dated 9/29/2008
116. Encounter notes by MD, dated 9/3/2008 to 9/22/2008
117. Daily note by PT, dated 8/28/2008 to 9/16/2008
118. Progress note dated 8/28/2008 to 9/3/2008
119. Initial evaluation by PT, dated 8/28/2008
120. Daily note by author unknown, dated 8/28/2008 to 9/17/2008
121. Encounter notes by MD, dated 8/27/2008
122. Notification responsibility dated 8/26/2008
123. Discharge instructions dated 8/22/2008
124. Physician record dated 8/22/2008
125. Outpatient IV flow sheet dated 8/22/2008
126. ED procedures performed sheet dated 8/22/2008
127. CT I spine by MD, dated 8/22/2008
128. Employee's report of injury dated 8/20/2008
129. Encounter notes by MD, dated 8/20/2008
130. Outpatient initial evaluation dated 8/19/2008
131. History note by MD, dated 8/4/2009 to 4/14/2010
132. Physical examination dated 1/6/2008
133. Pre authorization request dated unknown
134. Pre authorization request dated unknown
135. Index dated unknown
136. ED nursing record dated unknown
137. Physician record dated unknown
138. Displacement, lumbar intervertebral disc dated unknown
139. Notice to air analyses by, dated 5/27/2010
140. IRO request form dated 5/27/2010
141. Fax page dated 5/27/2010
142. Notice to utilization by, dated 5/27/2010
143. Fax page dated 5/27/2010
144. Notice of assignment by, dated 5/27/2010
145. Request for a review dated 5/26/2010
146. Notice of utilization dated 5/26/2010
147. Notice of utilization dated 5/26/2010
148. Fax page dated 5/19/2010
149. Appeal for additional by DC, dated 5/19/2010
150. Appeal for additional by DC, dated 5/19/2010
151. Notice of utilization dated 5/11/2010 to 5/26/2010
152. Notice of utilization dated 5/11/2010 and 5/26/2010
153. Clinical note dated 5/11/2010 and 5/26/2010
154. Fax page dated 5/7/2010
155. Request for additional chronic pain by DC, dated 5/6/2010
156. Request for additional by DC, dated 5/6/2010
157. Report of pain management progress by Ph.D, dated 4/30/2010
158. Report of pain management by Ph.D, dated 4/30/2010
159. Report of pain management by Ph.D, dated 4/30/2010
160. US extremity vein by MD, dated 4/23/2010
161. US extremity vein by MD, dated 4/23/2010
162. Exercise flow sheet dated 3/22/2010 to 4/2/2010
163. MR lumbar spine by MD, dated 2/16/2010
164. MRI lumbar spine dated 2/16/2010

- 165. MRI lumbar spine by MD, dated 2/16/2010
- 166. Pre authorization request dated unknown
- 167. Pre authorization request dated unknown
- 168. Report of pain management by DC, dated unknown
- 169. Report of behavioral health assessment by Ph.D, dated unknown
- 170. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a female. She presented with chronic low back pain. The injured employee initially completed 10 sessions in a chronic pain management program (CPMP). 10 additional sessions were subsequently requested.

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

The injured employee initially completed 10 sessions in a chronic pain management program (CPMP). 10 additional sessions were subsequently requested. Following completion of the first 10 sessions in the CPMP program, a midpoint functional capacity evaluation (FCE) was not completed. After reviewing the clinical information submitted for review, the denial for 10 additional sessions in a CPMP program should be sustained. Clinical information regarding physical functioning (an FCE or Preparticipation Physical Examination, PPE) at the midpoint (after 10 sessions) in the CPMP program was not submitted. The requesting doctor (Dr. Richard Alexander) provided the injured employee's self-reports that she was using less pain medication. He also provided self-reports that "her exercise log does show that she performed her exercises at the levels of sedentary or light PDL." However, patient self-report would be insufficient to establish an objective basis for functional improvement in a CPMP. Functional improvement should be established utilizing professional evaluation and objective assessments including psychological testing, physical performance evaluations conducted by professionally trained physical therapists or occupational therapists, etc. The CPMP program does not appear to be CARF certified or to be medically supervised and medical records did not include evidence of multidisciplinary team meetings. A midterm FCE was not completed.

ODG suggests that initially 10 sessions in a CPMP program be completed and after this trial, assessment be completed to establish the presence of functional progress/improvement before 10 additional sessions are approved. Normally, CPMP programs are expected to provide objective evidence of physical improvement in the form of an FCE/PPE, psychological evidence of improvement, and medical documentation of medication tapering/narcotic extinction. The program requesting the IRO does not appear to be medically supervised and include the participation of a physician. The requesting program does not appear to be CARF certified nor is it known to have good functional outcomes as required by ODG. The requesting program did not provide evidence of objective psychological testing (eg MMPI-2) prior to admitting the injured employee to the CPMP program. There is evidence of concurrent ongoing medical treatment which is incompatible with admission to a CPMP. Such treatment should be completed prior to admission to a CPMP. After completing 10 sessions, no FCE/PPE was completed to document evidence of improvement in physical functioning. Evidence of multidisciplinary treatment in the form of multidisciplinary/interdisciplinary treatment team meetings signed by a physician (MD) and Pain Psychologist and documentation of multidisciplinary care was not submitted.

The additionally submitted documentation did not alter the decision. The recommendation is to uphold the previous denials.

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)