



Medical Review Institute of America, Inc.
America's External Review Network

Amended Review 11/23/10

DATE OF REVIEW: 11/23/10

IRO Case #:

Description of the services in dispute:

10 Sessions Chronic Pain Management Program

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician reviewer providing this review is board certified by American Board of Physical Medicine and Rehabilitation in Physical Medicine and Rehabilitation. This reviewer has additional training in Hyperbaric Medicine and Acupuncture. This reviewer has been in active practice since 1993.

Review Outcome

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld.

Based on the clinical documentation provided for review, the requested chronic pain management program for 10 sessions is not medically necessary.

Information provided to the IRO for review

Texas Department of Insurance, Request for Independent Review, 11/04/10, 8 pages

Letter, 11/04/10, 2 pages

utilization Review Determination, 09/23/10, 3 pages

utilization Review Determination, 10/05/10, 3 pages

Rehabilitation Center, Request for Appeal, 09/28/10, 6 pages

Healthcare, Physical Performance Exam, 08/31/10, 12 pages

Healthcare, Evaluation, 08/31/10, 14 pages

Radiology Report, 05/07/09, 2 pages

EMG/NCV Report 01/21/10, 6 pages

Office Visit, 02/10/10–08/19/10, 45 pages

Clinical Neuropsychologist, Psychology Pain Evaluation, 07/29/10

Clinical Data, 12/16/09, 1 page
Orthopedic Surgery, Clinical Note, 11/25/09 2 pages
Orthopedic Surgery, Clinical Note, 07/06/09, 2 pages
Pre-Certification, 09/15/10, 9 pages

Patient clinical history [summary]

The patient is a male who sustained an injury on xx/xx/xx when he pushed a button and felt pain in the neck. The patient is status post cervical fusion from C4-6 in 2001. Radiographs of the cervical spine performed 05/07/09 demonstrate mild motion noted at C7-T1. There is degenerative narrowing of the C3-4 disc. An MRI of the cervical spine performed on xx/xx/xx demonstrates a mild broad-based disc protrusion at C7-T1. There are extensive postoperative changes from C4 to C6 with no acute complication in these regions. There is a central right paracentral disc protrusion or disc herniation with some central canal stenosis and foraminal stenosis on the right. The patient saw Dr. on 07/06/09. The note states the patient is not currently working. Physical exam reveals diminished range of motion of the cervical spine. There is evidence of paracervical muscle spasm. Spurling's maneuver is equivocal bilaterally. Strength is intact in the upper extremities. There is no evidence of atrophy. There is decreased sensation in the first and second digits of the right hand. The patient was assessed with status post anterior neck surgery at C4-7 with allografts at C5-7, C3-4 disc herniation, and status post upper lumbar spine surgery in February 2009. The patient was kept off of work. The patient was advised to follow up in ten days. Electrodiagnostic studies performed on 01/21/10 reveal evidence suggesting a polyneuropathy with both motor and sensory involvement. There are also findings suggesting root level involvement at the L4 level on the right. There are chronic changes in the L5 distribution on the right. The patient was seen for follow up on 02/10/10. The patient reported slight improvement with his neck pain. A physical exam is not provided for review. The patient is recommended for continued pharmacological management. The patient is prescribed Neurontin, Lunesta, Oxycontin, and Darvocet-N 100.

The patient was seen for follow up on 04/14/10. The patient complained of pain in the neck and shoulder/arm. Physical exam reveals moderately severe tenderness, spasm, trigger point localization, and radiation on the right at C5, C6, C7, shoulder, and elbow. There was moderate pain at end range of cervical flexion and extension. The patient was assessed with cervical disc displacement, myalgia and myositis, brachial neuritis, cervical spine pain, and pain in joint involving the shoulder region. The patient was recommended for one-time neuropsychiatric evaluation to aide in determining the appropriateness of a chronic pain program. The patient was seen for evaluation on 08/19/10. The patient complains of increased pain. The patient rates the pain at 7 to 8 out of 10 on the VAS scale. Physical exam reveals palpable low back pain. There are observable limitations with range of motion of the lumbar spine and cervical spine. Muscle spasms and general muscle tension are also noted. The patient was assessed with cervical disc displacement, myalgia, brachial neuritis, cervical spine pain, and shoulder pain. The patient was seen for psychological evaluation on 08/31/10. The patient complains of neck pain that radiates down the arm and muscle spasms. Prior treatment include physical therapy, occupational therapy,

TENS unit, massage therapy, and steroid injections. Current medications include Oxycodone, Neurontin, Cymbalta, Tizanidine, and Bupropion. The patient rates the pain at 4 to 5 out of 10 on the VAS scale. The patient states the pain is present 20% of the time. The patient complains of sleep disturbance due to pain. The patient's Beck's Depression Score (BDI) score was 23, indicating mild depression. The Beck's Anxiety Index (BAI) score is 22, indicating mild anxiety. The patient's goals as related to treatment are to find a part-time job and to get off the pain medication. The patient was assessed with chronic pain disorder associated with both psychological features and general medical condition and psychological factors affecting medical condition. The patient was recommended for 20 sessions of a chronic pain management program. A Physical Performance Evaluation was performed on 08/31/10. The patient's occupation as an requires a medium-heavy physical demand level. It appears the patient was functioning at a medium physical demand level. The patient was felt to be a good candidate for a chronic pain management program.

The request for 10 sessions Chronic Pain Management Program was denied by utilization review on 09/23/10 due to an inadequate pain program assessment. There is no current history and physical by the medical director or a physician associated with the pain program. There was no documentation that the patient's treating physician has currently ruled out all other appropriate care for the chronic pain problem. The request for 10 sessions Chronic Pain Management Program was denied by utilization review on 10/08/10 as the patient has already undergone treatment with physical and psychological therapy; therefore, repetition in the setting of a chronic pain management program would not be considered medically necessary. As the patient's injury was more than xx years ago, it is unlikely that the requested program would be of significant benefit. There is no significant evidence of loss of function due to a chronic pain syndrome.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

Based on the clinical documentation provided for review, the requested chronic pain management program for 10 sessions is not medically necessary. As such, the prior denials are upheld. The patient's date of injury is from xxxx and it appears that the patient been continuously disabled for at least 24 months. Current evidence based guidelines indicate that outcome from chronic pain management programs is poor for patients who have been disabled longer than 24 months and expectations from the program should clearly be identified. The clinical provided does not address the long period of disability for the patient nor does it provide specific results expected from the requested program. Additionally the patient does not exhibit any significant functional deficits that would reasonably require a chronic pain management program. The patient has some restricted range of motion in the cervical spine which is consistent with cervical fusion. No other significant functional deficits are noted. Given the patient's continued disability with no specific expectations from chronic pain management program and the lack of any significant functional deficits requiring an in-depth rehabilitation program, medical necessity is not supported.

A description and the source of the screening criteria or other clinical basis used to make the

decision:

1.Official Disability Guidelines, Online Version, Pain Chapter