Specialty Independent Review Organization

DATE OF REVIEW: 12/10/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of 10 sessions of Pain Management 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 10 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 10 sessions of Pain Management 5 x Wk x 2 Wks – 80 hours (97799).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:
According to records submitted for review, the injured employee sustained injury to both knees on xx/xx/xx while employed as a. According to a summary submitted by the Xxx Clinic, treatment included oral analgesics, physical therapy modalities, one steroid injection, three surgical procedures to the knees, and nine days of work hardening.

A work capacity evaluation was performed on September 8, 2011 wherein the worker performed at a Light PDL, whereas the occupational demand was listed as Heavy PDL. A pre-authorization request for a chronic pain management program (CPMP) was submitted on that date. According to the records, the other lower levels of treatment had been exhausted and the worker was taking MS Contin, Norco, Robaxin, Neurontin and Cymbalta. As stated, the program was requested in order to treat the psychological component of the injury, achieve

clinical MMI, return to gainful employment, and achieve case resolution.

A behavioral evaluation was completed on 09/08/2011. According to the note, the interview was conducted in Spanish. The BDI and the BAI scores were consistent with moderate depression and anxiety. The examiner recommended participation in 10 sessions of a CPMP. Specific treatment goals were stated.

According to the progress summary report dated 10/19/2011, the worker did participate in cognitive pain management sessions. Improvement in several categories was documented. However, scores on the BAI and the BDI were submitted for “09-08-2011” and for “10-13-2010”, documenting somewhat better scores for the tests performed 2010.

A request to pre-authorize 80 hours of CPMP was submitted by the Xxxx Clinic of on October 19, 2011. The requested CPMP was non- authorized on October 20, 2011.

On October 27, 2011, the Xxxx Clinic submitted a request for reconsideration regarding the proposed 10 further sessions of CPMP, stating that the worker had achieved "lower levels of depression and anxiety, less medication use, less avoidance behavior, and less isolation". On reconsideration the requested treatment was non-authorized on November 3, 2011.

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

The injured worker had been approved for a chronic pain management program, was making progress toward the stated goals in the treatment program, and (according to Dr.) was on track to attain the treatment goals within the proposed time frame.

Although a specific initial plan of treatment was not submitted for this review, the proposed treatment goals listed in the Behavioral Evaluation of 09/08/2011 included the following:

- Decrease pain rating by a minimum of three points.
- Decrease PAIRS rating by a minimum of nine point.
- Decrease ODI rating by a minimum of nine points.
- Decreased BDI score by eight points.
- Decrease PAI score by eight points.
- Increase GAF score to the 75 range.
- Increase strength and endurance (anaerobic capacity).
- Increase range of motion to WNL.
- Help decrease [the worker's] vocational concerns, with the introduction of DARS as a potential option.

Furthermore, the initial request for pre authorization submitted 09/08/2011 included but was not limited to the following assertions of medical necessity for the proposed treatment program:

- The patient sustained a compensable injury which has resulted in chronic pain and chronic functional limitations.
- Other lower levels of treatment intervention have been exhausted.
- The worker needs to learn alternative methods of controlling pain and diminish his dependence on the analgesics….
- He has undergone medication management with the anti-depressant medication Cymbalta.
- His BDI is 25/63, BAI 26/63,PAIRS 76/105, ODI 62%, and GAF 65.
- His depressive reaction requires intense treatment through the multifaceted behavior and chronic pain management program in order to adequately affect his status.
- He needs specific pain and stress management training so that he will be more functional while dealing with his pain on a daily basis.
- He has significant functional deficits….
- Significant vocational readjustment is required.

It is noted in the ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic) (updated 11/30/11), pertaining to Chronic pain programs (functional restoration programs) "(9) If a program is planned for a patient that has been continuously disabled for greater than 24 months, the outcomes for the necessity of use should be clearly identified, as there is conflicting evidence that chronic pain programs provide return-to-work beyond this period. These other desirable types of outcomes include decreasing post-treatment care including medications, injections and surgery. This cautionary statement should not preclude patients off work for over two years from being admitted to a multidisciplinary pain management program with demonstrated positive outcomes in this population".

Although no specific information regarding changes in medications or any changes in strength/endurance/aerobic capacity/range of motion in response to the treatment program was submitted, documentation that was submitted includes the following:

- In the progress report dated 10/19/2011, progress in several areas, including activities of daily living and vocational goals, was mentioned. Initial DARS appointment was anticipated “pending doctor’s recommendations/discharge".
- As asserted by Dr. in the request for reconsideration submitted 10/27/2011, areas of improvement included "lower levels of depression and anxiety, less medication use, less avoidance behavior, and less isolation". Note: based upon this assertion of improvement one may assume that the BDI and BAI scores listed for "10/13/2010" were actually obtained on 10/13/2011, documenting lower levels of depression and anxiety compared with the values obtained 09/08/2011.

In summary, the injured worker had been approved for a chronic pain management program, was making progress toward the stated goals in the treatment program, and (according to Dr.) was on track to attain the treatment goals within the proposed time frame; therefore, the requested treatment is medically necessary according to the ODG.

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)