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Notice of Independent Review Decision

DATE OF REVIEW: 12/9/11

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 Wk x 2wks-80 hours, left knee/hip 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 a chronic pain management program 5 Wk x 2wks-80 hours, left knee/hip 97799.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed from: 11/1/11 denial letter, 11/10/11 denial letter, 11/2/11 reconsideration request letter by, 10/25/11 CPM request (pages 3 to 14), 10/11/11 SOAP notes by MD, and 10/13/11 PPE report.

TBH: 11/22/11 letter by, 8/8/11 preauth request letter, 8/3/11 patient referral form, 7/22/11 report by 6/20/11 follow up reports by, MD, 5/16/11 to 6/13/11

reports by MD, 3/29/11 surgical report, 1/31/11 initial consult by Dr., 9/30/09 left knee MRI report, 8/11/11 and 9/9/11 approval reports by, Initial Clinical Interview report by, LMSW 9/3/11, 10/26/11 preauth request for CPM (14 pages), 10/25/11 script for Flexeril and Elavil, and 11/3/11 Reconsideration request.

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 worker was injured when she tripped, fell forward, and fractured her left femur on xx/xx/xx. Early records were not presented for review, but apparently the worker underwent surgery for intramedullary nail fixation of her femur fracture.

There are no records describing postoperative therapy. The first treatment record available for review is from M.D. dated January 31, 2011. Dr. indicated that the patient was experiencing pain at a six out of ten level. She was tender from the trochanter down to the superior patella. She had full painless range of motion of the knee. Diagnoses included contusions of the left hip, left knee, and left leg.

On May 29, 2011, M.D. performed a left knee arthroscopy with ACL and PCL augmentation, partial medial and lateral meniscectomy, synovectomy, abrasion arthroplasty of the medial femoral condyle and removal of adhesions. On July 22, 2011, M.D., apparently an orthopedist, evaluated the injured worker and reported that she was complaining of pain from the hip radiating down to the knee. He stated that x-rays showed lytic changes in the proximal femur through the intertrochanteric region. He evaluated the patient for possible osteomyelitis. The actual results of his evaluation are not included in the medical record.

On August 30, 2011, the patient underwent a psychological evaluation and psychometric testing. The evaluators, in their report, indicated that the injured worker had been declared at MMI on September 21, 2009. Her ultimate impairment rating, apparently, was 4%. According to this evaluation, the injured worker had received ten sessions of work conditioning. It was noted that the injured worker had been diagnosed with depression in 1995 following a divorce. She was treated with medications for this. The psychological evaluation included Beck Depression Inventory on which the injured worker reportedly scored 40, indicating severe depression. The Beck Anxiety Inventory score was 35, indicating severe anxiety. The evaluators recommended four sessions of psychotherapy over a six-week period and apparently, the injured worker underwent those four sessions of psychotherapy between September 13, and October 25, 2011.

On October 11, 2011, M.D. reported that injured worker was "doing the same." He recommended a chronic pain management program. On October 13, 2011, a Physical Performance Evaluation was performed that indicated that the injured worker was performing at a light PDL. Her job required a light to medium PDL. A

pre-authorization request for chronic pain management was submitted on October 26, 2011. The pre-authorization request was denied by physician reviewers on November 1, 2011 and November 10, 2011.

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

According to available records, this worker was injured when she fell in a work related accident on xx/xx/xx. She fractured her femur and injured her knee. She underwent surgery for open reduction and internal fixation of her femur fracture. Subsequently, she underwent arthroscopic surgery on her left knee. She had extensive physical therapy, multiple prescription medications, ten sessions of work conditioning, and four sessions of psychotherapy. Records would tend to indicate that none of this treatment has had much of an impact on the injured worker's pain and function. Apparently, she has not been able to work since her injury which was much more than 24 months ago. According to the records, she is currently functioning at a light PDL level and needs to be functioning at a light to medium PDL level in order to return to work. She is also taking prescription medications. Records indicate that she took muscle relaxers and Tramadol and apparently, recently, Elavil has been added to her treatment regime.

The first request for a chronic pain management program was denied by the reviewer because he stated that the ODG Treatment Guidelines do not support chronic pain management in injured workers continually disabled for greater than 24 months. He also stated that she had evidence of negative predictors of success with a high Beck Depression Inventory and Beck Anxiety Inventory. He further stated that the claimant had not determined if return to work was a goal or if she would apply for Social Security benefits. He also stated that the patient did not have evidence of prescription pain medications that might result in tolerance, dependence, or abuse. The reconsideration request letter presented by the treatment team stated that the injured worker should not be considered continually disabled for 24 months "until after all subsequent conservative care has been completed."

In the opinion of the IRO reviewer, this injured worker has been disabled for more than 24 months and the Guidelines suggest that that is a negative predictor of success, but being disabled for more than 24 months does not preclude participation in a chronic pain management program. The reconsideration request further states that the injured worker did sign a participation contract outlining policies for chronic pain management including an acknowledgement that an essential goal for the program was vocational rehabilitation and return to work either full or part time. The reconsideration request further stated that the injured worker had been prescribed psychotropic medications, specifically, Elavil, to help address her psychological problems.

The second denial of this request stated "there is no clear documentation of other options likely to result in significant clinical improvement." In the opinion of the IRO reviewer, this injured worker does meet criteria for participation in a chronic

pain management program. She clearly has a chronic pain syndrome which has not been resolved with the extensive treatment she has undergone. She is showing excessive dependence on healthcare providers, extensive fear avoidance of physical activity due to pain, withdrawal from normal social activities, failure to restore pre-injury function, and the worker has developed psychosocial sequelae that limit her function and recovery.

She has received extensive treatment including surgery, medications, counseling, physical therapy, and work conditioning, all apparently having little effect on her current situation. She has been thoroughly evaluated and other forms of treatment have been ruled out. It appears from this record that negative predictors of success are present, but have been considered and will be addressed in the treatment program. The supplemental information provided indicates that the injured worker is aware of and agrees with the goals of vocational rehabilitation and return to work either full or part time should this program be successful. Lastly, the number of hours requested meets the criteria as per the ODG Guides.

This record does support the medical necessity of a chronic pain management program five times a week for two weeks or 80 hours. Therefore, the requested treatment is approved as 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)