

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/16/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours of an interdisciplinary chronic pain rehabilitation program

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines

Peer Reviews 11/23/10, 11/29/10

Dr. OV 12/12/03, 03/16/04, 10/18/04, 09/13/05, 09/11/06, 10/24/06, 01/23/07, 07/01/08, 09/08/08, 09/01/09, 12/28/09, 04/20/10, 11/16/10

Psychological Evaluation 11/16/10

Physical Performance Evaluation 11/16/10

MRI lumbar spine 12/21/06, 08/29/08

Procedure 03/08/07

MD Rx 11/03/10

Dr. / letter of medical necessity 11/03/10

Dr. / letter of appeal 11/24/10, 11/29/10

PATIENT CLINICAL HISTORY SUMMARY

This is a male claimant with a reported history of back pain and associated bilateral leg pain. The records indicated that the claimant underwent a L4-S1 posterior lumbar interbody fusion in 1994 and symptomatic hardware removal in 1996. This was followed by a redo lumbar fusion in 1997. A current diagnosis is lumbar radiculopathy, chronic pain syndrome, depressive disorder and sleep disturbance.

Physician records of 2003 noted the claimant followed for continued persistent low back pain with associated lower extremity pain. X-rays noted some additional spondylosis L3-4 above the previous fusion. Continued conservative care was recommended to include medications and a lumbar support. Symptoms reportedly were unchanged in 2004 and conservative care continued. Continued persistent low back pain and bilateral lower leg pain was noted in 2005. A new MRI was recommended. The claimant was released to return to work with lifting restrictions and avoidance of repetitive bending, stooping or lifting.

A lumbar MRI performed in December 2006 showed an anterior interbody complete fusion L4-5 without evidence of significant central canal or foraminal compromise or nerve root impingement. Severe L3-4 facet arthrosis and ligamentum flavum thickening was also noted. Selective left L3 and L4 nerve root sleeve blocks and regional epidural steroid injection followed in March 2007.

A physician record of 07/01/08 noted the claimant with progressive symptoms of lumbar radiculopathy and stenosis. A MRI of the lumbar spine dated 08/29/08 showed posterior fusion L4- S1 and the remaining lumbar disc levels with no disc herniation, no central canal or foraminal encroachment seen and moderate degenerative facet changes bilaterally at L3-4 level.

Follow up physician records in 2009 revealed the claimant with low back and left leg symptoms. The impression was lumbar radiculopathy and stenosis. Continued conservative care in the form of medications and a neuromuscular stimulator unit was recommended. It was noted that the claimant was unable to work.

Persistent low back and left leg pain was reported in 2010. A physician record dated 04/20/10 noted persistent tenderness of the lower lumbar spine and paraspinous bilaterally. There was noted diminished sensation of the lower back and left lower extremity on examination along with weakness noted. The claimant remained unable to work. A chronic pain/ functional restoration program was recommended.

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

The proposed 80 hours of interdisciplinary chronic pain rehabilitation program would not be considered medically necessary based on the records provided in this case. If one looks to the ODG Guidelines the worker must be no more than two years past the date of injury. Workers that have not returned to work two years post injury may not benefit. In this case, the records document that the individual has been disabled and not employed for 18 years. The ODG Guidelines further recommend that the claimant should exhibit motivation to change and is willing to decrease opiate dependents forego secondary gains including disability payments to effect this change. In this case the duration of disability of 18 years is concerning. There is no documentation of any willingness on the claimant's part to change. Therefore based on the ODG Guidelines 80 hours of an interdisciplinary chronic pain rehabilitation program cannot be considered medically necessary.

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates, : Pain. Chronic pain programs (functional restoration programs)

Recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below:

Criteria for the general use of multidisciplinary pain management programs

Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met

- (1) Patient with a chronic pain syndrome, with pain that persists beyond three months including three or more of the following:
 - (a) Use of prescription drugs beyond the recommended duration and/or abuse of or dependence on prescription drugs or other substances; (b) Excessive dependence on health-care providers, spouse, or family;
 - (c) Secondary physical deconditioning due to disuse and/or fear-avoidance of physical activity due to pain;
 - (d) Withdrawal from social know how, including work, recreation, or other social contacts;
 - (e) Failure to restore preinjury function after a period of disability such that the physical capacity is insufficient to pursue work, family, or recreational needs;
 - (f) Development of psychosocial sequelae after the initial incident, including anxiety, fear-avoidance, depression or nonorganic illness behaviors;
 - (g) The diagnosis is not primarily a personality disorder or psychological condition without a physical component
- (2) The patient has a significant loss of ability to function independently resulting from the chronic pain
- (3) Previous methods of treating the chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement
- (4) The patient is not a candidate for further diagnostics, injections or other invasive procedure candidate, surgery or other treatments including therapy that would clearly be warranted
- (5) An adequate and thorough multidisciplinary evaluation has been made, including pertinent diagnostic testing to rule out treatable physical conditions, baseline functional and psychological testing so follow-up with the same test can note functional and psychological improvement
- (6) The patient exhibits motivation to change, and is willing to decrease opiate dependence and forgo secondary gains, including disability payments to effect this change
- (7) Negative predictors of success above have been addressed
- (8) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit
- (9) Treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains.

(10) Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function

(11) At the conclusion and subsequently, neither re-enrollment in nor repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, out-patient medical rehabilitation) is medically warranted for the same condition or injury.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA 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)