



## Notice of Independent Review Decision

**DATE OF REVIEW:** 06/03/11

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Chronic Pain Management 80 Hours

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Board Certified in Physical Medicine & Rehabilitation  
TDI- Designated Doctor - MMI and IR

### **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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Chronic Pain Management 80 Hours – OVERTURNED

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT            CLINICAL            HISTORY**  
**(SUMMARY):**

The records available for review indicated that on the date of injury, the patient developed difficulty with low back pain when the patient was leaning forward, and boxes fell on the low back region.

A Behavioral Evaluation Report was submitted on 03/11/11. This evaluation indicated that previous diagnostic testing included a lumbar MRI scan as well as an electrodiagnostic assessment. (The MRI scan and electrodiagnostic assessment was not available for review.) This report documented treatment as of the date of the evaluation included treatment in the form of physical therapy, utilization of a TENS unit, and lumbar epidural steroid injection, as well as attempt at individual counseling. It was documented that the patient was on the following prescription medications: Zanaflex, Mobic, and Cymbalta. It was documented that the patient was reported to be a for the majority of the his life. There was no history of illegal drug abuse or alcohol abuse. It was documented that the patient had been with the employer for three years prior to sustaining an injury in the workplace.

A Functional Capacity Evaluation was accomplished on 03/11/11. This study was found to be a valid study. The assessment disclosed that the patient was capable of light duty work activity. It was documented that the patient's pre-injury work activity level was of a heavy duty nature.

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

Based upon the submitted documentation presently available for review, an attempt at a comprehensive pain management program for 80 hours would appear reasonable and appropriate per criteria set forth by Official Disability Guidelines.

In this particular case, lesser levels of care have not significantly enhanced functional capabilities. It is documented that the patient has previously received access to treatment in the form of supervised therapy services, prescription medication management, an attempt at a therapeutic injection, as well as attempt at treatment in the form of individual counseling. It is documented the patient has chronic pain, functional deficits, and depressive symptoms. A Functional Capacity Evaluation accomplished on 03/11/11 was found to be a valid study. This study revealed that the claimant was not capable of a return to pre-injury work activity levels.

The records available for review do not document that there has been a previous history of an injury sustained in the workplace. It was documented that the patient was with the same employer for approximately three years prior to sustaining an injury in the workplace.

Hence, in this particular case per criteria set for by the Official Disability Guidelines as shown below, the data available for review would support an attempt at a course of treatment in the form of a comprehensive pain management program as a final effort to enhance functional capabilities, decreased medication utilization, and to address return to

work issues.

The criteria for the general use of multidisciplinary pain management indicates that the patient should have a chronic pain syndrome with the pain that persists beyond three months, including three or more of the following: (a) the use of prescription drugs beyond a recommended duration or abuse of or dependence on prescription drugs or substances; (b) excessive dependence on healthcare providers, spouse, or family; (c) secondary physical deconditioning due to disuse or fear avoidance of physical activity due to pain; (d) withdrawal from social knowhow including work, recreation, or other social contact; (e) failure to restore pre-injury 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 behavior; (g) the diagnosis is not primarily a personality disorder or psychological condition without a physical condition. Also, criteria includes the patient having significant loss of the ability to function independently resulting from the chronic pain, and previous methods of treating the chronic pain have been unsuccessful, and there is an absence of other options likely to resolve in significant clinical improvement. The patient is not a candidate for further diagnostic, injection, or invasive procedure candidate, surgery, or treatment including other therapy that would clearly be warranted. An adequate and thorough multidisciplinary evaluation has been made and includes pertinent diagnostic testing to rule out treatable physical disorders, baseline functional and psychological testing so that follow up with the same test can note functional and psychological improvement. Also, the patient exhibits motivation to change and willingness to decrease opiate dependency and forego secondary gains, including disability payments to affect this change. The negative predictors of success above have been addressed. These programs may be used for both short term and long term disabled patients. The treatment is not suggested for longer than two weeks without evidence of compliance, and the significant demonstrated efficacy documented subjective and objective gains, but the patient may get worse before they get better. Furthermore, there is a loss of employment greater than 4 weeks.

The documentation available for review would support an attempt at 80 hours of treatment in the form of a comprehensive pain management program per criteria set forth by the above-noted reference.

**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)**
- AMA GUIDES 5<sup>TH</sup> EDITION**