MEDRx

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Notice of Independent Review Decision

DATE OF REVIEW: 6-10-2011
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 for 10 days (80 hours).

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. This 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 chronic pain management program for 10 days (80 hours).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:
On xx/xx/xx worker was injured when she fell backward from a two-step ladder as it collapsed beneath her. Back pain was initially treated at Medical Center. Care was transferred to Dr.

After completion of an active therapy program Dr. saw the injured worker for follow-up June 10, 2010. Due to ongoing symptoms, a brace was provided. On July 8, 2010 Dr. performed lumbar epidural steroid injection at L5-S1.

A handwritten request for chronic pain management was submitted February 16, 2011.
On a physical performance evaluation performed xx/xx/xx the injured worker reported pain level of 7/10. The worker performed at a PDL of sedentary, whereas the required job demand level was medium. She was working at that time, with restrictions.

On March 8, 2011 Dr. noted that back pain and right leg pain had improved greatly after the single epidural steroid injection. Although the patient was back at work, she continued to have pain, requiring medication. Dr. diagnosed chronic low back pain with intermittent lumbar radiculopathy. He felt that the patient was a good candidate for a chronic pain program, had exhausted therapy and was not considered to be a surgical candidate.

A preauthorization request was submitted for 10 days of a chronic pain management program. The patient continued to work 20-35 hours per week with restrictions for no lifting above 25 pounds, and no climbing stairs.

The proposed treatment program was non-authorized March 22, 2011.

The non-authorization was appealed on March 17, 2011. On the second page of the request letter it was stated that the worker had not returned to work. On the fourth page of the same document, it was stated that the worker continued to work 20-35 hours a week with restrictions.

The non-authorization was upheld on appeal April 14, 2011. Review by an independent review organization was requested May 20, 2011.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
Based on the records submitted for review, the requested procedure is recommended at this time. The plans and goals are adequately presented for the chronic pain management program.

The injured worker participated in active therapy and a work hardening program and had an epidural steroid injection with good results, but she did not attain the medium PDL required for her job, and therefore she continues to work "20-35 hours" per week with restrictions. She continues to take prescription medications including controlled substances for pain control. The reported pain level is 7/10 (at the time of the physical performance evaluation). These issues are noted in the plan of treatment submitted February 23, 2011.

In accordance with the ODG Guidelines Procedure Summary pertaining to chronic pain management; the worker meets the following criteria for a chronic pain management program:

- The patient has a chronic pain syndrome, with evidence of loss of function that persists beyond three months and has evidence of three or more of the following: (e) Development of psychosocial sequelae that limits function or recovery after the

initial incident, including anxiety, fear-avoidance, depression, sleep disorders or nonorganic illness behaviors (with a reasonable probability to respond to treatment intervention): [the assessment documents fear-avoidance and problems with sleeping habits].
(f) The diagnosis is not primarily a personality disorder or psychological condition without a physical component.
(g) There is evidence of continued use of prescription pain medications (particularly those that may result in tolerance, dependence or abuse) without evidence of improvement in pain or function: [worker currently is taking two prescribed controlled substances for pain relief].

- Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement: [the previous treatment methods were partially successful, but the worker continues to work less than full-time, with restrictions. According to Dr. there are no additional treatment procedures pending].
- An adequate and thorough multidisciplinary evaluation has been made
- Once the evaluation is completed, a treatment plan should be presented with specifics for treatment of identified problems, and outcomes that will be followed: [A treatment plan was submitted in the clinical record].
- There should be documentation that the patient has motivation to change, and is willing to change their medication regimen (including decreasing or actually weaning substances known for dependence). There should also be some documentation that the patient is aware that successful treatment may change compensation and/or other secondary gains. [Dr. addressed this and the plan of treatment addresses this issue.]
- Treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. [Request is for a two week (10 day) trial].

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)**