MEDRx

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Notice of Independent Review Decision

DATE OF REVIEW: 6-20-2011

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, ten additional sessions.

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 agrees with the previous adverse determination regarding the chronic pain management program, ten additional sessions.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

Medical records indicate that this XX-year-old male was injured in a work related accident on XX/XX/XXXX. The injured worker picked up a 100 pound object, slipped on a wet floor, and “twisted” his right knee. The injured worker underwent surgery on March 19, 2010. Apparently, this was arthroscopic surgery for “meniscus repair.”

On October 26, 2010, the injured worker was evaluated by D.C. At that time, Dr. noted the reported injury and treatment and stated that the injured worker was complaining of throbbing pain in his right knee and lower back pain. Dr. recommended 12 rehabilitation visits.

On October 28, 2010, M.D. evaluated the injured worker. He stated that the worker had had an injury to the knee, surgery to repair a torn meniscus, and three months of therapy, but was not improving. He stated that the knee showed no signs of inflammation. There was pain with extension and along the medial aspect of the knee. A repeat scan and surgical consultation were recommended. Medications provided to the injured worker included Voltaren
50 mg b.i.d. and hydrocodone 10/500 b.i.d. On November 30, 2010, Dr. re-evaluated the

injured worker and stated that he had tenderness medially and laterally, but good range of motion. He recommended consideration of an MRI.

On November 20, a Functional Capacity Evaluation was performed. In this evaluation, it was stated that the injured worker was X feet tall and weighed XXX pounds. The conclusion of the evaluation was that the injured worker was functioning at a sedentary level and had an original work level of heavy. The injured worker demonstrated decreased range of motion and pain levels as high as 10/10. A work hardening program was recommended.

On December 10, 2010, there is a request for a chronic pain management program and an evaluation signed by Ph.D., LPC. In that note, Dr. reported that the worker was injured on and had had physical therapy, a TENS unit, and medications. Surgery was not mentioned. A work hardening program was recommended.

On February 15, 2011, a second Functional Capacity Evaluation was performed demonstrating that the injured worker was currently classified as sedentary and recommending that a chronic pain management program be initiated.

According to the records, the injured worker did enter a chronic pain management program. A Progress Summary from Dr. dated April 12, 2011 indicated that the worker had attended 10 out of 10 cognitive pain management sessions. The record did not specifically give details about medication use, but did state that the worker "continues to use medication but encourages self to try to use them less often." The report further states that the injured worker does report "that he is managing his medication and pain better than before entering the program."

The summary report indicates that the Beck Depression Inventory scale prior to the worker entering the program was 32. After seven sessions, the Beck Depression Inventory scale remained 32. The Beck Anxiety Inventory scale was 24 initially but after seven treatment sessions had increased to 29. The Fear Avoidance Belief questionnaire initially showed a physical activity subscale of 24, and there was mild improvement in that scale with a reduction to 21. The work subscale of his questionnaire, however, remained unchanged at 42.

The progress summary requests an additional ten therapy sessions focused on helping the injured worker to internalize new coping skills along with cognitive behavioral changes in perception of pain and healing.

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

Recommend denial of the requested service. This medical record indicates that this worker was injured in a work related accident on XX/XX/XXXX. He had extensive treatment for his knee injury including physical therapy, a TENS unit, medications, and surgery. He had persisting pain following his treatment. There are suggestions from Dr. dated October 28, 2010 and November 30, 2010 that there should be consideration of repeat scans of the knee to determine whether or not there may be some persisting pathology, but apparently, the scans were never performed. In any event, the worker did enter a chronic pain management program in spring of 2011.

A summary statement from the program indicates that the injured worker had been consistent with program attendance and had been compliant with the program. There are further statements that the injured worker "is making considerable progress in his ability to cope with these pain related symptoms and is continuing to demonstrate improvement" in pain management skills. Indeed, the record does show that there was some improvement in level of activity as demonstrated by increasing time spent in his exercise program, but the pain rating changed little during these two weeks of chronic pain management. His pain reportedly decreased from 7 to 6 on a Visual Analog Scale of 0 to 10.

The most objective measures to assess progress made do not support the conclusion that the injured worker is making objective as well as subjective gains. After seven treatments the Beck Depression Inventory was unchanged and the Beck Anxiety Inventory actually

worsened. The Fear Avoidance Belief questionnaire showed slight improvement in the physical activity sub scale, but no change in the work subscale. There is no objective evidence in the report that would suggest that the injured worker had decreased dependency on narcotic medication though there is a comment that he encouraged himself to use medications less often.

In summary, records presented for review do not meet ODG Treatment Guidelines for continued participation in a chronic pain management program. There is little objective evidence that this XXX-pound injured worker with chronic knee pain had made adequate progress or gains to warrant an additional two weeks of treatment in a chronic pain management program.

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)**