



Notice of Independent Review Decision

IRO REVIEWER REPORT – WC NETWORK

DATE OF REVIEW: 03/09/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain/Functional Restoration Program x 10 Days – 80 Hours CPT 97799

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

Licensed Psychologist

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/Functional Restoration Program x 10 Days – 80 Hours CPT 97799 –
UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Notice of Disputed Issue(s) and Refusal to Pay Benefits 09/24/08, 11/07/08, 12/08/08
- Initial Medical Report, 09/29/08
- Denial Letter, 11/07/08, 01/16/09, 02/25/09, 12/23/10, 01/20/11
- Cervical MRI, 11/19/08
- Right Shoulder MRI, 11/24/08
- Lumbar Spine MRI, 11/24/08
- Designated Doctor Examination (DDE), 12/12/08
- DWC Form 73, 12/12/08
- Benefit Dispute Agreement, 03/24/09
- Office Visit, 09/01/09, 10/13/09
- DDE, 04/05/10
- Functional Capacity Assessment, 11/11/10
- Functional Restoration/Opiate Step-Down Program Request, 12/21/10
- Memorandum, 01/11/11, 02/18/11
- Job Description, Undated

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male. An initial medical report dated 09/29/08 indicated the patient was in the back of his van when a truck struck the van, knocking him out of the vehicle. He reported landing on the street pavement on his right side. The patient underwent a cervical MRI on 11/19/08 and an MRI of the right shoulder and lumbar spine on 11/24/08. The patient underwent a DDE on 04/05/10. The patient did not report taking any medications at that time. The patient was status post right shoulder arthroscopy performed on 06/08/09 followed by cervical epidural steroid injections in October 2009. The patient had 4 out of 8 positive Waddell's tests which was significant for symptom magnification. The patient was determined to have reached Maximum Medical Improvement (MMI) as of 04/05/10 with 11% whole person impairment.

A Functional Capacity Evaluation dated 11/11/10 and 11/15/10 indicated the patient's current physical demand level was light-medium. The patient did not have a job to return to. The patient provided consistent effort throughout the assessment. A functional restoration/opiate step-down program request dated 12/21/10 indicated the patient reported constant cervicothoracic and lumbar spine pain which radiated into the lower extremities. He also reported numbness and difficulty sleeping due to pain; severe anxiety and severe depression. Treatment to date was noted to include diagnostic testing, physical therapy, surgical intervention, cervical epidural steroid injections and medication management. Current medications were listed as Norco, Lyrica, Zanaflex and Ambien. The goal for the program was to reduce the Norco approximately 20-25% per week. The Zanaflex would also be reduced or discontinued if his spasms could be gotten under control. Mental status examination revealed affect was flat and mood was depressed. He did report suicidal ideation with no plan or intent and stated religious reasons for this. BAI was 50 and BDI was 47. PAIRS was 90 which was in the extremely elevated range. BBHI-2 was reported to be valid and an extreme level of

diffuse somatic complaints was present. Diagnoses were pain disorder associated with a general medical condition and psychological factors, and opioid dependence.

An initial request for chronic pain management program was non-certified on 12/23/10 noting that the employed psychometric assessments were inadequate to support the diagnosis or explicate the clinical problems (there was no psychodiagnostic instrument, and the BAI, BDI, BBHI-2 do not have established post-marked diagnostic validity for this presentation), to assist in ruling out other conditions which may explain the symptoms, and to help design and predict response to treatment; and there was no “thorough behavioral psychological examination” to provide a reasonable “manifest explanation for the etiology and maintenance of patient’s clinical problems”. The denial was upheld on appeal dated 01/20/11 noting that there was no adequate and thorough multidisciplinary evaluation to determine the appropriateness of the request. The patient’s date of injury was over 2 years ago. There are limited studies about the efficacy of chronic pain programs for neck, shoulder or upper extremity musculoskeletal disorders. The evaluation reports that the patient was opioid dependent, yet the evaluation presents no objective evidence for this diagnosis.

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

Based on the clinical information provided, the request for chronic pain/functional restoration program x 10 days (80 hours) is not recommended as medically necessary. The submitted records fail to establish that the patient has exhausted lower levels of care and is an appropriate candidate for this tertiary level program. There are clear indications of symptom magnification as evidenced by positive Waddell’s testing during designated doctor performed in April 2010, and PAIRS score performed during mental health assessment in December 2010. The patient has grossly exaggerated reports on both Beck Depression and Anxiety Inventories (BDI=47 and BAI=50). The patient is not currently taking any psychotropic medications that would be appropriate for treatment of depression. Given the current clinical data, the request for chronic pain/functional restoration program x 10 days (80 hours) is not indicated as medically necessary, and the two previous denials are upheld.

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 5TH EDITION**