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Notice of Independent Review Decision

DATE OF REVIEW: May 18, 2011/ **May 19, 2011**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
80 hours of chronic pain management program.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Board Certified, Diplomate American Board of Physical Medicine and Rehabilitation and Pain Medicine

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:
☒ Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male who sustained a work-related injury on xx/xx/xx, while working. The patient climbed down a series of pipes, lost his footing, fell backwards on the ground and sustained injury to his lower back.

The patient immediately reported the accident to his supervisor who in turn referred him to Medical Center for an evaluation by the company doctor. The company doctor evaluated him with x-rays, treated him with oral analgesics, physical therapy (PT) and released him back to work with light duty restrictions. The patient states that he worked for 3 days after his injury "but was unable to continue to work due to high levels of pain." The patient followed through with Dr., the company doctor for a period of 6 months. He felt he was not making measurable improvements to enable him to resume full duty employment. The patient was eventually evaluated by the designated doctor who concluded that the patient had reached maximum medical improvement (MMI) and was given a 5% impairment rating. Due to the persistent nature of his pain due to the job-related injury, he sought a second opinion. Since the day of his work-related injury he has experienced pain and limitations, which have prevented him from working. He reported since that date he has continued to have these symptoms, as well as increasing in more psychological distress. He currently described his problems as physical pain and suffering, more personal mental stress, feeling sad much of the time, loss of pleasure from things he used to enjoy, experiencing

crying episodes, feeling restless, less interested in other people than before, feeling less energy, much more irritable than usual, difficulties concentrating, and feeling easily tired. The patient believed his presenting problems affected him virtually all the time. His overall severity was judged as moderate/severe. The patient was motivated to return to work, however, these problems significantly impact his capabilities to improve so he can return to work.

On March 25, 2011, the patient underwent a behavioral evaluation to determine his appropriateness for a pain management program. He reported a very high level of pain located in his right lower back area and radiating to his right upper back, right leg, and right toe. His prior treatment consisted of rest, PT, transcutaneous electrical nerve stimulation (TENS) unit, analgesics and antidepressants, and one individual counseling session with focus on chronic pain as well as medical supportive care. His current problems included poor focus, poor coping strategies, vocational concerns, depression and anxiety, decreased endurance, and range of motion (ROM) deficits. The diagnoses were pain disorder associated with psychological factors and a general medical condition and major depression. It was recommended that the patient's symptoms be reviewed and monitored by a medical consult. Further mental health evaluation was medically necessary to reasonably understand injury related factors that were interfering with and delaying recovery from current compensable injury and medical condition. In conclusion, the patient was a candidate for 20 sessions of a multidisciplinary chronic pain management program (CPMP).

In a functional capacity evaluation (FCE), the patient performed at a light physical demand level (PDL) against heavy PDL, indicating moderate functional deficits. This indicated moderate functional deficits.

On April 1, 2011, M.D., requested approval for 80 hours of CPMP with the following rationale: *"The patient suffered injury of the thoracic and lumbar regions on xx/xx/xx. He has been treated with medications, therapy, and physical rehabilitation. He has chronic pain, functional deficits, and a secondary depressive reaction. He has been treated with anti-depressant medication. He does not have adequate pain and stress management skills. He needs specific pain and stress management training so that he will be more functional while dealing with his pain on a daily basis. He also needs to undergo significant vocational readjustment. Other treatment options have been exhausted. We have recommended that the patient undergo CPMP to address the psychological component of his injury. He understands that this is the final phase of his treatment, and that upon completion of the CPMP he will undergo evaluation for impairment and return to work."*

On April 4, 2011, the request for 80 hours of CPMP was denied with the following rationale: "*Recommend adverse determination. Patient's injury is limited to a lumbar contusion. These are intrinsically self-resolving injuries with passage of time. There is no evidence of treatable or surgical spinal pathology. There is not even explanation provided how the current cornucopia of medications prescribed is supported in the treatment of a lumbar contusion. An ongoing subjective complaint of pain-absent objective evidence of treatable or pain-provoking lumbar pathology is not an indication for a CPMP. No medical explanation provided how anyone (including this patient) would have psychosocial issues after a contusion."*

On April 18, 2011, Dr. requested reconsideration of the request. Response to adverse determination: *"It is unfortunate that all of the indications for the CPMP were not considered at the time of the initial request. Mr. suffered injury of the thoracic and lumbar regions on xx/xx/xx. He has been treated with medications, therapy, and physical rehabilitation. He has chronic pain, functional deficits, and a clinical depressive reaction as a direct result of the compensable injury. He has undergone medication management with anti-depressant medication. He does not have the pain and stress management skills necessary to adequately function in the presence of constant pain. He needs specific pain and stress management training so that he will be more functional while dealing with his pain on a daily basis. He also needs to undergo significant vocational readjustment. Other treatment options have been exhausted. Mr. is an appropriate candidate for a CPMP to address the significant psychological component of his injury. He understands that this is the final phase of his treatment and that upon completion of the CPMP, he will undergo evaluation for impairment and transition back to work."*

On April 27, 2011, the appeal for 80 hours of CPMP was denied with the following rationale: *"The diagnosis provided is thoracic and lumbar sprain. From the date of injury, the patient continued to work an additional 3 days. DDE pronounced the patient at MMI with 5% whole person impairment (WPI) rating. The April 1, 2011, pre-authorization request documents that the patient has been treated with Mobic, Norco, Skelaxin, Lidoderm, and Cymbalta. He has also attended PT x6, BDI 22 and BAF 13. Evaluation has involved radiographs, MRI, CT scan, and EMG/NCV study. These reports were not submitted. There has been no mention of surgical pathology or surgical intervention and no mention of any injections."* The utilization review stated further: "*Discussion occurred with Dr.. After review of the submitted documentation and relevant guidelines, the current request is deemed not medically necessary. The patient sustained a back sprain injury. There was no mention of more extensive injuries, imaging reports were not submitted, nor were serial physician progress notes. The patient has undergone adequate therapy for a relatively minor injury. Dr. was able to add the MRI findings from 10/29/10, which are relatively minor. Recommend adverse determination."*

On May 13, 2011, Dr. again requested approval of the CPMP stating that the patient required services that were only available in the CPMP in order to treat the psychological component of his injury, achieve clinical MMI, return to gainful employment and achieve case resolution.

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

A chronic pain program would require a great deal of effort on the part of the patient, and the patient's compliance, motivation, and monitoring by the supervising physician has not been adequately documented. There are several negative predictors of success which are documented and should be considered prior to initiation of a program.

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

☒ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR**

GUIDELINES

☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**