

SENT VIA EMAIL OR FAX ON
May/02/2011

Applied Resolutions LLC

An Independent Review Organization
900 N. Walnut Creek, Suite 100 PMB 290
Mansfield, TX 76063
Phone: (214) 329-9005
Fax: (512) 853-4329
Email: manager@applied-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/29/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management 8 hours a day 5 days a week X 2 weeks

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

Board Certified Anesthesiologist/Pain Management

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xx. Records indicate the injured employee was injured when he stepped off a ramp and slipped. He developed sharp neck pain and upper back pain. The injured employee subsequently underwent cervical fusion at C6-7 in 04/00. The injured employee also had failed spinal cord stimulator trial. He participated in a work-conditioning program. The injured employee underwent physical performance examination on 01/31/11, with a psychological evaluation performed on the same date to determine the appropriateness of chronic pain management program. Records listed current medications as Oxycodone 10/25 PO one time four to six hours; Methocarbamol and diazepam 10mg PO one time daily.

An initial pre-authorization request for chronic pain management eight hours a day five days a week for two weeks was reviewed on 02/14/11 and recommendation was adverse determination. History noted the injured employee to have a 16 plus year history of cervical pain and bilateral upper extremity complaints. Treatment has included conservative care, surgical treatment of the neck C5 through C7 anterior cervical decompression and fusion, failed spinal cord stimulator trial and work conditioning. A reported 70 pack year smoking history was noted. It was determined that the clinical indication and necessity of the proposed chronic pain management program could not be established. The psychological/mental health evaluation on 01/31/11 finds impression of pain disorder. However it was noted this was inadequate as an evaluation for admission to a comprehensive pain rehabilitation program. The employed psychometric assessments were inadequate to support the diagnosis or explicate the clinical problems, to assist in ruling out other conditions which may explain the symptoms, and to help design and predict response to treatment; and there is no "thorough behavioral psychological examination" to provide a reasonable "manifest

explanation for the etiology and maintenance of patient's clinical problems", to enable a "better understanding of the patient in their [sic] social environment," or to provide "a cogent explanation for the identified complaints and dysfunction." It was noted that there was no documentation or known finding that the injured employee's treating physician has currently ruled out all other appropriate care for the chronic pain problem, a pivotal indication for initiating a chronic pain management program. It was noted that duration of pre-referral disability time is a negative predictive factor of treatment efficacy in interdisciplinary pain rehabilitation programs, and there was no rationale offered why this patient could be expected to make clinically meaningful improvements in program.

An appeal request for chronic pain management 8 hours a day 5 days a week for 2 weeks was reviewed on 03/03/11, with adverse determination. It was noted the initial review cited several deficiencies and initial request for services and issues raised on initial review were not addressed. No additional documentation was provided that would impact prior recommendation for non-authorization. It was noted there was no evidence provided to indicate that the treatment team had exhausted all appropriate treatments for this patient, a clinical indication for chronic pain management program. It is further noted the request is inconsistent with requirements that "there is absence of other options likely to result in significant clinical improvement," and "all diagnostic procedures necessary to rule out treatable pathology, including imaging studies and invasive injections (used for diagnosis), should be completed prior to considering the claimant a candidate for program." Furthermore it is noted this is an injury that occurred over x years ago, thus the etiology and maintenance of patient's pain complaints have not been adequately assessed. It was noted the request is inconsistent with requirement that "if program is planned for patient who has been continuously disabled for greater than 24 months, the outcomes for necessity of use should be clearly identified, as there is conflicting evidence that chronic pain programs provide return to work beyond this period." It was noted the patient attended a work hardening program. There was no assessment of the factors that may have contributed to the patient's inability to benefit from multidisciplinary work hardening program. It was noted that no functional improvement was reported after this multidisciplinary intervention and the patient did not return to work. This is noted as negative predictor and presents a poor prognosis for requested treatment. It was noted the request was inconsistent with ODG which states "chronic pain program should not be considered a "stepping stone" after less intensive programs." It was noted the duration of this injury, the claimant's chronic nicotine dependence and patient's inability to benefit from work hardening program are negative predictors for success and are not adequately addressed in the evaluation as required by current evidence based guidelines. It was noted ODG criteria were not met, and the request for chronic pain management program x 10 was not recommended as reasonable and necessary.

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

Based on the clinical information provided, the request for chronic pain management program 10 sessions is not recommended as medically necessary, and the two previous denials are upheld. The patient previously completed a multidisciplinary work hardening program without significant progress. Current evidence based guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program to include work hardening. Additionally, the patient's date of injury is greater than x years old. The Official Disability Guidelines do not recommend chronic pain management programs for patients whose date of injury is greater than 24 months old. Given the current clinical data, the request for chronic pain management program 10 sessions 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-AMERICA 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)**