



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 9/26/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of Chronic Pain Management Program x 10 sessions (5 x wk x 2 wks).

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. The 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 prospective medical necessity of Chronic Pain Management Program x 10 sessions (5 x wk x 2 wks).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
CMS and Trust

These records consist of the following (duplicate records are only listed from one source): Records reviewed from CMS: AMR Physician Reviewer Final Reports – 8/18/11 & 8/29/11; Pre-auth Request – 8/15/11, Pre-auth Intake Form – 8/15/11, Request for Chronic Pain Program – 8/12/11, Indication of Evaluation – undated, Reconsideration Request – 8/22/11, Request for Reconsideration – 8/22/11; and Work Accident Center Comprehensive Functional Capacity Evaluation report – 6/10/11.

Records reviewed from Health Trust: Request for Medical Dispute Resolution – 9/12/11.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, this worker was injured on xx/xx/xx while working. He was attacked. He had reported injuries to his neck, back, shoulder, legs, feet, and hands. There are no records regarding the injured worker's early evaluation or treatment. He had MRI studies of the neck, lower back, and shoulder. MRI studies of the cervical spine performed in March, 2009 showed disk bulging with posterior longitudinal ligament hypertrophy at C3-4 and C4-5, and bilateral uncovertebral hypertrophy causing central canal stenosis and neural foraminal narrowing. A lumbar MRI performed in March, 2009 showed mild spinal canal stenosis and right foraminal narrowing at 3-4 mild canal stenosis at L4-5 and facet arthropathy at L5-S1 and L3-S4. A MRI of the right shoulder performed in September, 2009 showed moderate to severe osteoarthritis with tendonopathy and partial tear of the supraspinatus tendon.

According to the notes in this record, a Peer Review was performed by a Dr. on October 21, 2009. Dr. indicated that the injured worker's current symptoms and complaints were not a result of his February, 2009 injury and that a simple sprain/strain should have resolved. A second Peer Review performed by a Dr. dated August 8, 2010 indicated that the injured worker had suffered strains and sprains to the cervical, lumbar, and possible right shoulder. Dr. further stated that the findings on MRI were degenerative in nature. He stated that the compensable injury of strains and sprains would have resolved by April or May, 2009 and that the degenerative diseases may be a part of his ongoing complaints but he saw no indication or need for further or ongoing treatment.

On June 10, 2011, an FCE was performed by, D.C. Dr. indicated that the injured worker was functioning at a sedentary to light PDL. She further stated that the job required a medium PDL. Dr. reported that the worker complained of moderate to severe pain during testing and stated that the subjective complaints were consistent with clinical observations of function and mobility. Dr. recommended a chronic pain management program.

On August 12, 2011, M.S., LPC presented a request for a chronic pain management program. Request for chronic pain management was initially denied on August 18 by D.O., who stated that there was limited research to support the efficacy of a chronic pain management program for neck, shoulder, and upper extremity musculoskeletal disorders. She further stated that there was little research regarding success of return to work with workers disabled for more than 24 months. She stated that there was no job description in the available

medical records, that there were multiple descriptions of mechanism of injury, and that the patient had a number of negative predictors of success including the fact that the injured worker had not returned to work since his date of injury.

On August 22, D.C. provided a Request for Reconsideration and this was denied by M.D. because of lack of evidence regarding current medications, lack of evidence regarding psychological treatment, unclear duration of prior physical therapy, and a statement that the patient had high anxiety.

On September 12, Ph.D. provided a request for medical dispute resolution.

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

According to the records available to me, this worker was injured on February 2, 2009 when he was attacked by several students while working as a substitute teacher. He had injuries to his neck, back, shoulder, legs, feet, and hands. There is no description in the medical record regarding initial treatment or early diagnoses. Later records, however, indicate that the injured worker's injuries fit best in the strain or sprain category. MRI studies of the neck, back, and right shoulder showed changes most consistent with degenerative changes due to disease of normal life and aging and not due to acute injury.

The available medical records indicate that the individual had physical therapy and chiropractic treatment, but there is no indication of the number of treatments or length of treatment. There is also an indication that the individual received medications but there is no description of medications received and no description of any current medication use. There is a mention in the medical record under the discussion of negative predictors of success that states that the worker had previously attended group therapy sessions, but there is no clear description of this service or the results of that service in the medical record.

The available medical records suggest that the worker was injured, but do not clearly identify the initial diagnoses. There are statements in the medical record that the injured worker's injuries fit best in the strain or sprain category and the imaging studies are more consistent with a long-term degenerative process than with any acute changes that might have occurred at the time of injury.

At more than two years post injury, this patient's description of pain levels varying from 5 to 10 and severe depression and anxiety seem out of proportion to what one would expect with a simple strain or sprain and are more consistent with long-term pain experiences due to the degenerative changes described on imaging studies. This record does not clearly identify the prior treatment and therefore, this reviewer cannot state whether or not all other treatment modalities have been exhausted. There is no actual description of physical therapy or chiropractic treatment and there is no description of medications prescribed.

With the patient's reported severe anxiety and depression, one would question whether or not there had been a trial of antidepressants but this cannot be ascertained from available medical records.

Furthermore, the FCE report provided in this medical record says that the patient's performance was consistent with his complaints, but there is no further information in the report that would validate the findings on FCE. There are no true validity statements in the report that was available to me.

In summary, this individual appears to have evidence of a chronic pain syndrome but the relationship between the injury and the patient's ongoing symptoms is not clearly established and there is an inadequate description of past and current treatment and the effects of past or current treatment for this reviewer to determine the medical necessity for a chronic pain management program. It is this reviewer's opinion that this injured worker does not meet ODG Treatment Guideline criteria for the medical necessity of a chronic pain management program for treatment of symptoms caused by his injury.

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)