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Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 09/23/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Eighty hours of a chronic pain management program

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

Board Certified in Anesthesiology
Fellowship Trained in Pain Management
Added Qualifications in Pain Medicine

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X 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.

Eighty hours of a chronic pain management program - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY

This patient was alleged injured on xx/xx/xx. The wench apparently gave out,

causing the truck to roll back onto the patient's left hand, causing a compression injury. The patient was treated with a steroid injection of the A1 pulley and a left index sheath injection that provided relief of his left hand pain. He has also been treated with chiropractic treatment through Dr. The patient was seen by Dr. at the request of Dr. on 04/29/11. The patient complained of a left hand pain level of 3-4/10. Physical examination documented no significant abnormal findings. Dr. recommended that the patient's dose of Elavil be increased and Celebrex restarted, stating that his "CRPS is resolved," and recommended electrodiagnostic studies. The patient then had a session of individual psychotherapy on 06/24/11 in which his Beck Depression Inventory score was 12 and his Beck Anxiety Inventory score was 22. A Work Capacity Evaluation was performed on 07/08/11. The testing was performed by whose credentials were not listed. Mr. listed that the patient had previously undergone an FCE on 03/16/11, some four months before, at which time he tested at a sedentary-light level. Testing on 07/08/11 indicated he was performing at the light physical demand level. The patient's complaint of pain during each of the tests administered was said to be "mild to moderate" in the left index finger.

On 07/11/11, the patient was also seen by L.P.C. for evaluation for admission to a chronic pain management program. The patient was also administered Beck Depression Inventory and Beck Anxiety Inventory again. The patient was said to present with "pain such as that related to this compensable injury extending beyond the primary intervention phase with continued significant impairment in daily functioning and failure to return to work or progress adequately in healthcare treatment," but no specific information whatsoever regarding the patient's alleged pain or allegedly significant impairment was presented. The patient stated his pain level was 7/10. On testing, the patient's Beck Depression Inventory score was 29, significantly worse than the testing administered only

two weeks before, and his anxiety score was 12, significantly better than the testing administered only two weeks before. The counselor indicated the patient was showing more than two months of depressive symptoms and stated that it was recommended that the patient's "symptoms of depression and anxiety are monitored and reviewed by a medical consult." Ms. also stated that the patient was a candidate for either a chronic pain management or work hardening program, but that his allegedly extremely high pain levels made him a better candidate for chronic pain management program. Recommendation was then made for the patient to attend 10 sessions of a chronic pain management program.

On 07/19/11 Dr. the medical director of the chronic pain management program, also reiterated the request for 80 hours of a chronic pain management program, stating the patient had been treated with "medications, therapy, physical rehabilitation, and injection therapy" and that he had also been "treated with anti-depressant medication." An Initial Physician Review was then performed on 08/01/11 by an orthopedic physician. After doing a peer-to-peer review with Chiropractor who is listed as the chronic pain management program "Assistant Clinical Director," the request was withdrawn by due to him being unable to obtain additional medical information as requested by the physician adviser. A second review by that same physician adviser on 08/09/11 was performed after the additional medical information was provided by Chiropractor Xxxx. The request for 10 sessions of a chronic pain management program (80 hours) was found to be not medically necessary. The reviewer noted that the patient had complete relief of pain and stiffness after his A1 pulley had previously been injected and that the hand surgeon had documented full range of motion on 04/11/11. The physician reviewer noted that the patient had recently been evaluated by the pain program with difficulty flexing his finger and with continued pain in the finger. The reviewer stated it was "most likely" that the patient had a recurrence of trigger finger and would require surgical release. Chiropractor stated that he would then refer the patient back to a hand surgeon for reevaluation.

On 08/15/11, the patient was reevaluated by Dr. Dr. noted that the patient had been referred and was "needing an updated clinic note stating patient needs chronic pain management program and no surgery required, so work hardening will be approved." The patient complained of a pain level of 4/10 of the left hand. Physical examination documented no specific abnormalities. Dr. stated he was in agreement with the patient being at "functional MMI," but that the patient would "benefit from a WH/WC program to maximize his potential useful function. On 08/22/11, Dr. requested reconsideration for the patient to be admitted for 80 hours of a chronic pain management program.

A second different physician adviser reviewed the request for reconsideration on 08/29/11, completing another peer-to-peer review with Chiropractor. The request was again found to be not medically necessary. The physician reviewer, a physiatrist, noted the patient had never been treated with work hardening or work conditioning and had only undergone two sessions of individual psychotherapy.

The reviewer also noted that the patient was on “minimal” medications of Hydrocodone 5 mg b.i.d. and Amitriptyline 25 mg at night. Therefore, the physician reviewer stated, “The patient has not failed all conservative lower levels of care.” On 09/09/11, Dr. wrote another letter for reconsideration of the 80 hours of the chronic pain management program.

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

Although it is alleged that this patient has failed all reasonable treatment options for his pain, the records provided for review clearly do not support that assertion. The patient has apparently only had two sessions of individual psychotherapy, which would clearly not constitute exhausting that mode of treatment. The patient has allegedly been treated with Cymbalta, but there are no records to support that. In fact, the only medications which are documented as being prescribed to this patient are Hydrocodone and Amitriptyline at doses which can only be termed minimal. The patient has never voiced any evidence of manifestation of psychological illness or distress to Dr. who has apparently been treating him since the injury for the last nine months. It was not until the patient was evaluated by the Ms. at the chronic pain management where the patient was being referred that there was any mention whatsoever of the patient having any psychological issues. Additionally, there is clearly significant discrepancy between results of psychological testing performed within two weeks of each other, as I have pointed out above, making the results of said testing, in my opinion, unreliable and, therefore, invalid for determining necessity of psychological treatment and, specifically, a chronic pain management program. Finally, it appears that the patient’s pain is limited solely to his left index finger, according to the FCE recently performed. Such a limited area of pain would clearly not require a tertiary level of care such as a chronic pain management program nor render this patient incapable of returning to some work activity. According to the ODG Treatment Guidelines, therefore, this patient has not exhausted all appropriate lesser levels of treatment including individual psychotherapy, repeat of the injections which, according to the orthopedist, provided him with essentially complete relief, and adequate appropriate medical management for his pain. Additionally, the level of care needed by this patient does not appear to be sufficient to warrant or necessitate a chronic pain management program; it certainly appears that this patient could achieve functional improvement and pain relief with lesser levels of treatment such as formal (not chiropractic) physical therapy and, at most, a work conditioning program. Therefore, the previous recommendations for non-authorization of 80 hours of a chronic pain management program (ten sessions) are upheld at this time.

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 AND KNOWLEDGE BASE
- [ ] 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
- [x] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- [ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- [ ] MILLIMAN CARE GUIDELINES
- [x] 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)