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Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 10/14/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ten sessions of a chronic pain management program

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

Licensed by the Texas State Board of Examiners of Psychologists

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.

Ten sessions of a chronic pain management program - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY

Dr. evaluated the patient on 12/10/10 and provided her with Lidoderm, Voltaren, and Skelaxin. On 06/03/11, Dr. recommended possible advancement into a functional restoration program at Healthcare and Rehabilitation. On 06/06/11, Mr. and Ms. provided a preauthorization request for Clinical Evaluation and

Testing. The patient underwent an FCE on 06/09/11. Overall, it was felt the patient gave a valid effort and she was found to be functioning in the below sedentary to sedentary physical demand level. Her previous employment required the light medium physical demand level. On 06/29/11, Ms. and Mr. performed an Initial Clinical Evaluation. The patient scored a 17 on the Beck Depression Inventory, which was felt to be in the mild range for depression. She scored a 16 on the Beck Anxiety Inventory, which indicated moderate anxiety. It was felt that the patient's had significantly decreased functionality and four sessions of individual therapy over six weeks was recommended. Dr. addressed a letter of medical necessity on 08/12/11, as he felt the patient was an appropriate candidate for an aggressive, progressive chronic pain management program. Ms. discharged the patient from individual psychotherapy, as she had successful achievement of her treatment goals and a chronic pain management program was recommended. On 08/25/11, Dr. and his staff at Healthcare requested authorization for 80 hours of a chronic pain management program. It

was noted the patient was reporting psychological distress in the form of symptoms of anxiety and perceived disability which revolved around a strong dissatisfaction and concern over her current level of functioning. On 08/30/11, Travelers provided an adverse determination for the requested 80 hours of a chronic pain management program. Dr. noted on 09/02/11 that the patient would be sent back to Dr. for consideration of a corticosteroid injection or other modalities. He also noted the patient would proceed with a functional restoration program at Healthcare and Rehabilitation as soon as it was approved and scheduled. Mr. and Ms. provided a Reconsideration Request for a Chronic Pain Program on 09/07/11. Travelers provided another adverse determination for the chronic pain management program on 09/19/11.

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

It is noted that the patient was approved for four individual psychotherapy sessions between 07/07/11 and 08/18/11. Minimal to modest benefit was reported. The original preauthorization request for the chronic pain management program was denied. The basis for the denial were inadequate and insufficient documentation of thorough psychological evaluation, the absence of an adequate multidisciplinary evaluation to determine if there might be other treatment options, the absence of evaluation of implications of patient's stroke that occurred a month after her injury, and the absence of behavioral health evaluation that would assist in predicting successful outcome to chronic pain management program. The reconsideration preauthorization request for the pain program was also denied. The basis for the second denial were a chronic pain syndrome described, but inadequate documentation of how a chronic pain management program would address the issues in a comprehensive manner and an inadequate behavioral psychological evaluation that failed to utilize psychometric assessments that would provide a basis for designing a treatment program and predicting success in treatment.

After reviewing the documentation provided, I fully concur with the prior denials. A couple of references were made to the patient's extensive length of disability and the research data that indicate frequent poor treatment response to chronic pain management program when disability has exceeded 24 months. This patient is in the range of five years of continuous disability without any identified successful employment in any capacity or any efforts to resume employment. The absence of specific psychometric and psychological assessment that would indicate likelihood of successful return to employment through the chronic pain management program is a serious deficiency. One of the assessments did include a variety of tests to include PAIRS, DPQ, OPQ, and MSPQ testing. The results, as reported, pointed toward the likelihood of a poor rehabilitation outcome. Further, patients seeking restoration of employability, by a chronic pain management program or any other sort of treatment, call for a more thorough medical, social, and psychological assessment to provide data that the ODG and standard medical practice would recognize as good predictors of a successful

outcome. That sort of complete health and wellness assessment was missing in this situation. The medical records provided included references to diabetes and other medical problems characteristic of older individuals that could be impediments to return to employability, but these were not sufficiently identified and addressed to eliminate them as potential impediments to a successful rehabilitation program. Therefore, the requested 10 sessions of a chronic pain management program are not reasonable or necessary and the previous adverse determinations should be 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 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
- 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)