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Notice of Independent Review Decision

DATE OF REVIEW: 01/05/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

80 hours 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.

80 hours of a chronic pain management program - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Initial Behavioral Medicine Consultation dated xxxx with M.Ed., L.P.C.

A request from D.O. for referral to dated 07/08/11
Assessment/Evaluation for Chronic Pain Management Program, including goals and plan of treatment, dated 09/01/11 from Ms. and Dr.
Evaluation with M.D. dated 09/01/11
Physical Performance Evaluation (PPE) dated 09/02/11 with
A Designated Doctor Evaluation with M.D. dated 10/12/11
A DWC-69 form dated 10/12/11
A request from for 80 hours of a chronic pain management program dated 10/13/11
Request for 80 hours of a chronic pain management program dated 10/13/11
An adverse determination letter from IMO dated 10/25/11
A DWC-73 form from Dr. on 10/31/11
Reconsideration for the chronic pain program dated 11/17/11 from Psy.D. and Dr.
A reconsideration request from Injury 1 dated 11/18/11
Another adverse determination letter from IMO dated 11/30/11
Undated Interdisciplinary Pain Treatments Components
The Official Disability Guidelines (ODG) were not provided by the carrier or URA

PATIENT CLINICAL HISTORY [SUMMARY]:

On 03/05/11, Ms. felt the patient was an excellent candidate for a work hardening program. On 09/01/11, Dr. felt the patient required an interdisciplinary pain program to further increase his physical and functional tolerances and facilitate his return to work. On 09/01/11, Dr. noted lumbar flexion was 90 degrees without spasm. Straight leg raising was negative bilaterally. He recommended the patient enter the pain program. The patient underwent a PPE on 09/02/11 that indicated he was not functioning in the physical demand level to allow him to safely return to his employment. A psychological evaluation was recommended. On 10/12/11, Dr. performed a Designated Doctor Evaluation and placed the patient at Maximum Medical Improvement (MMI) and assigned a 5% whole person impairment rating. On 10/13/11, a request from an unknown provider at Injury 1 for 80 hours of a chronic pain management program was requested for his pain symptoms and related psychosocial problems. On 10/25/11, , M.D. for IMO, provided an adverse determination for the requested 80 hours of chronic pain management. Per a DWC-73 form signed by Dr. on 10/31/11, the patient was returned to work without restrictions. Ms. and Dr. requested reconsideration of the chronic pain management program on 11/17/11 and 11/18/11. On 11/30/11, M.D. for IMO provided another adverse determination for the requested 80 hours of a chronic pain management program.

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

According to the ODG, repetition of a "same or similar" treatment program calls for strong medical documentation of demonstrated gains in treatment and specific, defined goals with measurable outcomes. The proposed treatment plan from September 2011

was described in broad, generic terms, rather than in specific goals with reference to how prior treatments, such as work hardening and physical therapy, showed progress or failure.

The psychosocial aspect of a chronic pain management program is a key feature of the treatment intervention. The evaluation from September 2011 did not document in what ways psychosocial factors are impairing his functional capacity and/or ability. The psychological tests results provided would suggest that there is little, if any, psychosocial impairment. Furthermore, the claimant was placed at MMI on 10/12/11 by a Designated Doctor and the treating physician, Dr. released him to full work duty on 10/31/11. Furthermore, he was functioning, per the PPE on 09/12/11, in the light medium physical demand level, which is very close to his preinjury physical demand level of medium.

It appears to me, based on the records reviewed, there was a misuse of the Beck instruments as diagnostic tools. The publisher of the Beck instruments, in the manuals (Psychological Corporation, 1990 and 1996), caution against sole use of the BDI-II and the BAI for diagnostic purposes. According to the publisher, the strength and value of the Beck instruments is more an ongoing, objective indicator of progress in treatment following diagnosis based on other testing or clinical information. The ODG has a published list of more than 20 recommended instruments for use in an "adequate and thorough multidisciplinary evaluation." At least a half dozen of those instruments have greater reliability and validity for diagnosing the presence of treatable conditions, such as depression, anxiety, etc. Therefore, the requested 80 hours of a chronic pain management program is not reasonable or necessary and the previous adverse determinations should be 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 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)