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Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax:  
877-738-4395

**Notice of Independent Review Decision**

**IRO REVIEWER REPORT – WC (Non-Network)**

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**DATE OF REVIEW:** 03/06/12

**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**

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.

Eighty hours of a chronic pain management program - Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

An Initial Behavioral Medicine Consultation from and dated 09/30/11  
Fax requests from Injury 1 for a chronic pain management program dated  
12/14/11 and 02/08/12

Chronic Pain Management Program Assessment Summary & Request for Services dated 01/03/12 from  
Chronic Pain Management Interdisciplinary Plan & Goals of Treatment dated 01/03/12  
Undated case information  
A Physical Performance Evaluation (PPE) dated 01/04/12 with an unknown chiropractor (the signature was illegible)  
Evaluation from dated 01/04/12  
Request for Initial 80 Hours/Units of a Chronic Pain Management Program dated 01/06/12 from Injury 1  
A preauthorization request from dated 01/06/12  
Preauthorization determinations from dated 01/11/12 and 02/15/12  
Psychological Assessment Report dated 01/25/12 from.  
The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

### **PATIENT CLINICAL HISTORY**

On 09/30/11, evaluated the patient for his suitability for a comprehensive, multidisciplinary return to work program. On 04/27/11, he underwent a lumbar microdiscectomy, laminectomy, foraminotomy, and a partial facetectomy at L5-S1 on the left. His mood was dysphoric and his affect was constricted. It was felt he was an excellent candidate for a work hardening program. On 01/03/12, in a Request for Services, recommended participation in a chronic pain management program to increase his physical and functional tolerance and to facilitate a safe return to work. In a PPE dated 01/04/12, the patient was unable to complete the cardiovascular and VO2 max testing due to the amount of pain that he was experiencing. It was felt he was deconditioned. A chronic pain management program was recommended. examined the patient on 01/04/12 and felt the chronic pain management program was appropriate. Over-the-counter Tylenol and Advil were recommended. An unknown provider (no name or signature was provided) at Injury 1 provided a request for the Initial 80 hours of a chronic pain management program on 01/06/12. A summary of the "team evaluation" of the patient's candidacy was discussed and detailed. It was noted, based on the PPE, he was functioning in the medium physical demand level and his previous employment required the heavy physical demand level. It was felt he was an appropriate candidate and meet the requirements for a chronic pain management program. On 01/11/12, on behalf of provided an adverse determination for the requested 80 hours of a chronic pain management program. On 01/25/12, provided a psychological assessment report. The patient endorsed initial and sleep maintenance insomnia and he felt he was severely disabled and had somatic symptoms. He recommended the chronic pain management program, as well. On 02/15/12, also on behalf of, 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 (2012), repetition of a "same or similar" treatment program is not justified, except for some very limited circumstances. The patient apparently failed to progress in a work hardening program. Criteria (#13) for admission to both work hardening programs and chronic pain management programs are very clear on this point. A chronic pain management program is not justified for this patient based on the information provided. Guzman, et. al. (2002) cited contradictory data regarding effectiveness of multidisciplinary rehabilitation for chronic low back pain. The proposed chronic pain management program fails to deal with negative predictors (Criteria #8) included in their evaluation data and lacks a "return to work" treatment plan that includes alternatives if returning to the level of physical demands for his prior employment is not possible. Based on the research data available, prognosis for treatment outcome for this patient would be very poor and would be inconsistent with the ODG likelihood of successful treatment outcome. Some additional testing was performed between the first and second requests for the pain program. Instruments included the MMPI-2-RF and Battery For Health Improvement-2. Patient reported a sixth grade education in Mexico and has limited English language proficiency. The examiner did not report use of a Spanish version of these tests or determination that the patient was capable of answering test items at a 5th-6th grade reading skill level as called for by the test publishers. Therefore, the requested 80 hours of a chronic management program is neither reasonable nor necessary. 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 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)