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

Notice of Independent Review Decision

Date notice sent to all parties: 09/13/12

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 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:
X-rays of the right wrist dated 09/28/11, 11/03/11, 12/14/11, and 05/03/12
Reports dated 11/03/11, 11/10/11, 11/21/11, 12/01/11, 12/07/11, 12/14/11, 12/22/11, 01/05/12, 02/02/12, 03/08/12, 04/05/12, 05/03/12, 06/04/12, 07/09/12, and 08/13/12
CT scan of the right wrist dated 11/11/11.
Operative report dated 11/15/11
Reports dated 11/23/11, 12/20/11, 01/17/12, 02/14/12, 03/13/12, 04/19/12, 05/08/12, 06/07/12, 06/26/12, 07/12/12, 08/02/12, and 08/30/12
Physical therapy evaluations dated 12/18/11, 02/15/12, and 03/12/12
Prescription dated 01/17/12
FCE dated 04/12/12
Job description dated 04/16/12

Chronic pain management reevaluation dated 06/20/12
Preauthorization requests for 80 hours of a chronic pain management program from dated 06/28/12 and 07/09/12
Notifications of Determinations dated 07/03/12 and 07/19/12
Reconsideration for non-authorization dated 07/05/12
The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:
This patient was allegedly injured on or about xx/xx/xx. On 11/03/11, she was seen by XXX who noted that the patient had fallen backwards, sustaining a right wrist injury and a fracture to the distal radial metaphysis and articular surface. XXX noted the patient had undergone open reduction and internal fixation of the fracture on 10/12/01, but continued to complain of significant pain. He noted that none of the records regarding the operative report were available to him on the date of this evaluation. He noted the patient was wearing a long- arm cast. The physical exam documented a painful right wrist after removal of the cast. There was swelling and redness along the suture line and deformity of the right wrist. There was significant limitation in flexion, extension, and ulnar or radial deviation, and significant decrease of position, sensation, and vibration sensation in the ulnar right wrist. The right wrist and hand were significantly weak, but the skin over both upper extremities was normal in texture, color, temperature, hair growth, and nails. XXX obtained an x-ray, which demonstrated a step off in the radial styloid fracture and a foreign body in the joint consistent with a screw. He recommended re-exploration of the wrist. On 11/11/11, however, a CT scan was performed of the right wrist, demonstrating no evidence of complication and no step off at the articular surface. On 11/15/11, XXX performed surgery on the right wrist consisting of removal of the plate, reduction of th e displaced radial styloid fracture, packing with bone grafting, and decompressive fasciotomy and release of the median nerve.

XXX saw the patient on 11/23/11 for her continuing right wrist complaint. The physical exam documented the patient to be in no acute distress. XXX wrapped the right wrist in a splint and in dressings. XXX followed up with the patient on 12/14/11, noting x-ray findings of progressive healing of the radial styloid fracture. On 12/18/11, Chiropractor xxxxxx evaluated the patient for physical therapy. The patient complained of 5-6/10 level right wrist and forearm pain. Chiropractor recommended three weeks of three-time-weekly physical therapy for "postsurgical" reasons citing the Official Disability Guidelines (ODG).

On 03/08/12, almost three months later, XXX followed up with the patient after completion of therapy. The patient still complained of pronation and supination limitations. The physical exam documented improved right wrist flexion and extension with a 50% decrease in normal range of motion in pronation and supination. Chiropractor followed up with the patient on 03/12/12 documenting exactly the same pain complaints and pain level. The physical exam documented edema of all right fingers, as well as the wrist, and the entire circumference of the

distal wrist. The patient was, however, able to make a full fist and showed improvement in thumb opposition. Chiropractor recommended an additional three weeks of three-time-weekly physical therapy. On 04/05/12, XXX followed up with the patient for evaluation of her LEFT wrist (I assume this to be a typo, as the patient never had any left wrist problem). Chiropractor performed a FCE on 04/12/12 at the request of XXX. The patient's required physical demand level was said to be medium/heavy with her current physical demand level capacity being only sedentary. Chiropractor noted the patient would benefit from further active aggressive physical therapy "like work hardening" to improve her status. The physical exam documented decreased sensation of the lateral wrist and hand. Cardiovascular and hemodynamic data indicated only a minimal increase in heart rate with box lifts from floor to knuckle, knuckle to shoulder, shoulder to overhead, and with box carry. The patient did not achieve more than a 15% increase in heart rate with any of these maneuvers even though the patient was documented to not be able to perform some of the tests due to pain.

XXX followed up with the patient on 04/09/12, noting her continued pain level of 4-6/10 with pain now in the right shoulder, forearm, and wrist. Supination and pronation remained nonspecifically limited and tender. XXX recommended a work hardening program. On 05/03/12, XXX followed up with the patient, noting her continued pronation and supination complaints. The physical exam documented normal flexion and extension with continued loss of pronation and supination. XXX ordered x-rays of the right elbow to assess why the patient had reduction in pronation and supination. The elbow x-rays demonstrated only mild coronoid process degeneration. On 06/04/12, XXX followed up with the patient again, documenting continued nonspecific limitation in pronation and supination. On 06/20/12, XXX performed a psychological evaluation of the patient. The patient complained of 6/10 level "constant aching" pain in the right wrist. The psychologist noted the patient was taking only Ibuprofen 800 mg at bedtime and Cymbalta 20 mg twice a day. The psychologist noted the patient had completed four individual psychotherapy sessions. She provided the scores of the patient's psychological testing initially and after the four sessions. The patient's Beck Depression Inventory, Beck Anxiety Inventory, and pain levels all significantly increased by 30 to 100% during the course of those four sessions with no improvement whatsoever in the patient's profile of depression, anxiety, somatization, or fear avoidance scores. The psychologist recommended that the patient be admitted for 20 days of a chronic pain management program at the facility which employed her.

XXX, on 06/28/12, recommended 10 days of a chronic pain management program for eight hours a day, having noted that the patient had "completed individual psych counseling sessions and exhausted all lower levels of care. The initial physician review, including a peer-to-peer discussion with Chiropractor recommended non-authorization of the request for a chronic pain management program citing the lack of any identifiable pathology to account for the pain, the fact that the patient was taking no prescription medication other than ibuprofen or Cymbalta, the negative predictor of success based on elevation of psychological

test scores after completing individual therapy, no documentation of previously failed attempts to return to work or having a job to return to, and no scoring of the MMPI-2 submitted for review. The psychologist appealed for reconsideration of the non-authorization on 07/05/12, providing only two MMPI scores. XXX followed up with the patient on 07/09/12, noting her continued elbow and shoulder complaints, but that they were "non-compensable." The physical exam documented normal range of motion with no limitations in flexion, extension, pronation or supination. He noted that at least "70%" of pronation and supination function was present. He documented "no nerve problems" and "normal two-point discrimination" in all parts of the upper extremities. XXX recommended continued "therapy". XXX followed up with the patient on 07/12/12, noting her complaint of right shoulder pain, right forearm pain, and right wrist pain with a pain level of 5/10. The physical examination documented significantly decreased range of motion and tenderness in the right shoulder, as well as diffuse swelling of the entire right upper extremity and diffuse palpatory tenderness. XXX stated the patient may have developed Reflex Sympathetic Dystrophy (RSD) or Complex Regional Pain Syndrome (CRPS) and again recommended a chronic pain management program to "address her condition." A second physician advisor reviewed the case on 07/19/12, including another peer-to-peer discussion with Chiropractor. The second physician advisor agreed with the first, recommending non-authorization. That advisor also cited the lack of any iden tifiable cause for the patient's pain, the patient's ability to manage pain with "occasional ibuprofen," no attempt to return to work, and the increased levels of depression and anxiety seen on psychological testing following psychotherapy. The reviewer stated there was "no reason to believe that a chronic pain management program will be successful with this presentation." On 08/13/12, XXX followed up with the patient. He obtained diagnostic x-rays of the right wrist, which were normal, indicating that the fracture was "fully healed." He recommended only as-needed follow up at his office. Finally, on 08/30/12, XXX followed up with the patient, noting her pain level of 4/10 with pain in the low back and sharp shooting pain radiating to the left leg with burning in the left foot. The patient also complained of the same right wrist pain. The physical exam again documented no examination of the lower back or the lower extremities. The range of motion of the right wrist and hand was again stated to be nonspecifically limited and tender.

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

This patient does not meet the ODG criteria for a chronic pain management program. First, I fully agree with the previous two physician advisors that the psychological treatment already provided to this patient at the same facility where she would be attending a chronic pain management program actually worsened her psychological condition with no improvement whatsoever in any of the parameters measured. The Beck Anxiety Inventory scores and the Beck Depression Inventory scores actually INCREASED by 33 and 100% respectively. Therefore, there is little likelihood that a psychologically based program such as chronic pain management would significantly improve this patient's condition, as she has clearly demonstrated resistance to and ineffectiveness of such treatment.

Additionally, there is currently no objective evidence of any residual damage, injury, harm, or pathology regarding the patient's right wrist to explain her ongoing pain complaints. Given the FCE demonstration of relatively minor, if any, true effort being made, as evidenced by the minimal increase in heart rate during testing despite complaints of significant pain, it is highly likely, in my opinion, that the patient does not have the degree of functional impairment implied by the FCE results. The patient has not exhausted all appropriate medical treatment, as she is taking nothing more than a subtherapeutic dose of Cymbalta and Ibuprofen to treat her pain. She is clearly not taking any medication, which would necessitate psychological treatment or weaning through a chronic pain management program.

For all of the above reasons, therefore, this patient is not an appropriate candidate for the requested 80 hours of a chronic pain management program and does not meet the ODG criteria to attend such a program. The patient has clearly not exhausted all appropriate medical evaluations or treatments. The patient has demonstrated failure to improve with all of the components of a chronic pain management program that have been provided to her already through intensive and more than adequate amounts of physical therapy, and four sessions of individual psychotherapy. 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**
- 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)**