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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Sep/18/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic Pain Management Program Final 80 hours Neck/Thoracic/Lumbar

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
PM&R and 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 <u>each</u> health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Cover sheet and working documents
Utilization review determination dated 08/06/12, 08/28/12
Letter dated 09/10/12
Rx history by claim
MRI lumbar spine dated 02/17/11
Designated doctor evaluation dated 08/01/11
Follow up note dated 01/26/12, 03/01/12, 07/10/12, 07/12/12, 06/15/12, 08/16/12, 08/21/12
PPE dated 07/20/12, 05/23/12
Reassessment for chronic pain management program continuation dated 07/23/12
CPM biofeedback therapy note dated 07/24/12
CPMP individual progress note dated 07/24/12
Preauthorization request dated 08/01/12
Reconsideration dated 08/15/12
Individual psychotherapy note dated 03/01/12, 03/12/12
Work hardening discharge report dated 03/22/12

Lab report dated 01/26/12, 07/10/12, 08/16/12
Work hardening daily note dated 02/07/12

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male whose date of injury is XX/XX/XX. On this date the patient was ratcheting bales of cotton when he experienced low back pain as he forcefully pushed on the ratchet. Designated doctor evaluation dated 08/01/11 indicates that treatment to date includes physical therapy, diagnostic testing and epidural steroid injection. Waddell's testing identifies inconsistency with both the clinical examination and at the functional capacity evaluation. The patient was determined to have reached MMI as of 07/29/11. The patient subsequently completed a work hardening program in early 2012. PPE dated 05/23/12 indicates that required PDL is heavy and current PDL is medium. Baseline FABQ-W is 39, FABQ-PA is 20, BAI is 19 and BDI is 13. The patient subsequently completed 20 sessions of a chronic pain management program. Progress note dated 07/24/12 indicates that medications include Hydrocodone-acetaminophen, Tizanidine and Bupropion. Request for 80 final hours of a chronic pain management program dated 08/01/12 states that pain level remains 8/10, irritability decreased from 7 to 6/10, frustration 6 to 4/10, tension increased 7 to 8/10, anxiety decreased 6 to 5/10, depression 4 to 3/10 and sleep disturbance from 9 to 8/10. BDI decreased from 13 to 9, BAI from 19 to 12, FABQ-W increased from 39 to 42 and FABQ-PA decreased from 20 to 16. The patient's current PDL is medium.

Initial request for chronic pain management program final 80 hours was non-certified on 08/06/12 noting that the patient has participated in 10 days of a work hardening program and 160 hours of a chronic pain management program. The patient has made minimal objective functional improvements. There has been no titration of the patient's utilization of Hydrocodone/APAP, Tizanidine or bupropion. The clinical note reports no subjective change in the patient's rate of pain, noted to be 8/10. The patient's FABQ score increased status post participation in the chronic pain management program. The patient has improved with his PDL. However, as other areas for the patient's goals of treatment in the chronic pain management program showed minimal improvements, the current request is not supported. As guidelines indicate, longer durations require individualized care plans explaining why improvements cannot be achieved without an extension as well documented improved outcomes from the facility. Reconsideration dated 08/15/12 indicates that the patient has discontinued Gabapentin 400 mg tid, Clonazepam 2 mg qhs and Ibuprofen 600 mg qd prn. The denial was upheld on appeal dated 08/28/12 noting that ODG states that treatment in a chronic pain management program is not suggested for longer than two weeks without documentation of compliance and significant demonstrated efficacy. In the medical records provided for review, there was very little subjective and objective documentation of significant gains. At the end of 160 hours of pain management program the patient continued to complain of pain at a rate of 8/10, reported getting only 4.5 hours of sleep per night, as well as muscle tension, depression and anxiety. The patient did show slight improvement in FABQ, catastrophizing, distancing and ignoring the pain, and coping self-statements. BAI decreased from 19 to 12 and BDI from 13 to 9. The patient also reported decreased medication usage; however, the patient continued to use opioids for pain control.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:
Based on the clinical information provided, the request for chronic pain management program final 80 hours neck/thoracic/lumbar is not recommended as medically necessary, and the two previous denials are upheld. The submitted records indicate that the patient has completed 10 days of work hardening program and 160 hours of chronic pain management program. The Official Disability Guidelines note that total treatment duration should generally not exceed 160 hours of chronic pain management program. The submitted records fail to document significant objective gains with chronic pain management program completed to date. The patient's pain level remains the same at 8/10. The patient's physical demand level has only slightly improved. PPE dated 05/23/12 states that current PDL is medium (30 occasionally and 15 frequent), and PPE dated 07/20/12 states that current PDL is medium

(30 occasionally, 20 frequent). Irritability decreased from 7 to 6/10, frustration 6 to 4/10, tension increased 7 to 8/10, anxiety decreased 6 to 5/10, depression 4 to 3/10 and sleep disturbance from 9 to 8/10. BDI decreased from 13 to 9, BAI from 19 to 12, FABQ-W increased from 39 to 42 and FABQ-PA decreased from 20 to 16. Given the lack of significant progress in the program to date, the request for final 80 hours is not indicated as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[ ] ACOEM-AMERICA 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)