CALIGRA MANAGEMENT, LLC
1201 ELKFORD LANE
JUSTIN, TX 76247
817-726-3015 (phone)
888-501-0299 (fax)

Notice of Independent Review Decision

October 25, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Unlisted physical medicine/rehabilitation service from September 11, 2013, to October 11, 2013

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Physical Medicine and Rehabilitation Physician

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Office visits (11/19/12 – 09/10/13)
- Physical performance evaluation (07/12/13)
- Individual psychotherapy (08/02/13 – 08/19/13)
- Preauthorization request (09/11/13, 09/20/13)
- Utilization reviews (09/13/13, 09/25/13)

- Utilization reviews (09/13/13, 09/25/13)

- Office visits (11/09/12 – 09/10/13)
- Physical performance evaluation (07/12/13)
- Work hardening note (07/17/13)

- Group psychotherapy (07/17/13)
- DWC-69 (07/19/13)
- DWC-73 (07/19/13)
- Review (07/19/13)
- Individual psychotherapy (08/02/13 - 08/19/13)
- Utilization reviews (09/13/13, 09/25/13)

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a female who was injured on xx/xx/xx, while performing her normal duties. She felt her arm make a "click" sound. She initially thought she pulled a muscle but found it very painful. She took a break and told her supervisor her arm was hurting.

On November 19, 2012, performed an initial clinical interview and assessment. She noted the following treatment history: *Following the injury, the patient rested her elbow over the weekend and used topical analgesic ointments and over-the-counter (OTC) pain relievers. The following Monday, her arm was still bothering her so she told her supervisor again. she was given an anti-inflammatory and a muscle relaxer and was sent back to work. After she returned to work, she tried to complete her duties but was still in a lot of pain. She saw her family doctor because she did not know she needed to see a Worker's Compensation doctor. When she was unable to see her personal doctor, she sought out a Worker's Compensation doctor who requested a magnetic resonance imaging (MRI) and physical therapy (PT). The patient completed eight sessions of PT which were not helpful. referred her who told her she had a torn ligament. recommended epidural steroid injection (ESI) which she completed in October 2012. After three injections with no relief, suggested surgery. The patient was unsure of the type of surgery but stated it included a small incision on the back of her elbow and would not require a hospital stay.* Ms. noted that the patient had experienced significant psychological distress since the injury. She endorsed feeling depressed, crying all the time, difficulty sleeping, loss of interest in activities and ruminating thoughts. She also reported times in which she could not catch her breath, her heart raced and she was feeling confused and scared. Those episodes would happen about once a day for ten to twenty minutes at a time and were accompanied with negative thoughts. She was feeling nervous, worried and stressed out all the time and stated that she had few resources because her friends and family were also going through their own personal problems. Her current medication included hydrocodone-acetaminophen. She had a history of asthma and occasionally needed an inhaler when she would have an asthma attack. Her psychiatric history included postpartum depression after the birth of her second child. She reported that the depression was mild and lasted only a few months. The patient endorsed both initial and sleep maintenance insomnia and early awakening. She rated her level of overall functioning in life prior to the injury at 100% and currently at 50%. Her mood was dysphoric. Her affect was constricted. She displayed cognitive distortions to include black and white thinking, should statements, disqualifying the positive and emotional reasoning. She scored 25 on the Beck Depression Inventory II (BDI-II) indicating moderate depression. She scored 37 on Beck Anxiety Inventory (BAI) reflecting severe

anxiety. Her responses on the Fear Avoidance Beliefs Questionnaire (FABQ) showed significant fear avoidance of work as well as significant fear avoidance of physical activity in general. Ms. diagnosed pain disorder associated with psychological factors and a general medical condition, chronic, major depressive disorder single episode, moderate and anxiety disorder not otherwise specified. She recommended getting an immediate authorization for participation in a low level of individual psychotherapy for a minimum of four weeks.

On June 21, 2013, a pre-authorization request was submitted for 80 hours of chronic pain management program (CPMP). It was noted that the functional capacity evaluation (FCE) performed on June 13, 2013, revealed the patient was functioning at sedentary physical demand level (PDL) versus heavy PDL required by her job.

Per the physical performance evaluation dated July 12, 2013, it was noted that the patient had made objective improvements since the last evaluation. She was unable to perform her regular job duties presently. She was recommended a psychological evaluation for the emotional complications as a result of the injury and the surrounding problems with being off work or work restrictions which included the possibility of depression and the lack of self worth. The patient was also recommended participating in a multidisciplinary CPMP to further address mental and psychological issues that were complicating the patient's progress. The patient had been participating in a work hardening program (WHP) for the last several weeks and had shown some improvement in the area of injury as well overall health as evidenced by the objective findings. However, the examiner noted that the patient demonstrated significant limitations in strength and active range of motion (ROM) which appeared to be consistent and congruent with the level and event of injury. The patient had now developed anxiety and apprehension towards work tasks as a result of the injury.

On July 17, 2013, the patient attended a work hardening session. It was the patient's ninth session. She had completed a total of eight hours of the functional activities and tasks.

On July 19, 2013, performed a designated doctor evaluation (DDE) and rendered the following opinions: The patient should return to work as of July 19, 2013, with restrictions through August 19, 2013. Her restrictions included pushing/pulling up to maximum four hours per day, restriction on using the right arm and not lifting/carrying objects more than 40 pounds for more than four hours per day. The patient had reached clinical maximum medical improvement (MMI) with 2% whole person impairment (WPI) rating.

From August 2, 2013, through August 19, 2013, the patient underwent four sessions of individual psychotherapy.

On August 20, 2013, the patient scored 23 on BDI II and 15 on BAI. She was recommended participating in the CPMP in order to increase her physical and functional tolerances and to facilitate a safe and successful return to work.

On August 30, 2013, noted that the patient had been referred for a psychological assessment to assess emotional status and to determine the relationship to the work accident. The patient scored 24 on BDI II indicating moderate depression. She scored 22 on BAI reflecting moderate anxiety. recommended participating in CPMP in order to increase the physical and functional tolerances and to facilitate a safe and successful return to work.

On September 10, 2013, noted that the patient had undergone ten sessions of work hardening and four sessions of individual psychotherapy. Examination showed full ROM but with pain, pain on palpation at the right lateral epicondyle and 4/5 grip strength. diagnosed lateral epicondylitis, right elbow internal derangement and status post right elbow surgery. He gave prescription for Norco and referred the patient for CPMP.

On September 11, 2013, a pre-authorization request was submitted for CPMP 80 hours per units.

Per utilization review dated September 13, 2013, the request for unlisted physical medicine/rehabilitation service or procedure from September 11, 2013, through October 11, 2013, was denied based on the following rationale: *"It appears that the patient has not completed the adequate lower levels of treatment at this point, as there is mention that she had previous authorization for four sessions of psychotherapy and only completed one session. There is also mention that the patient had some childcare issues that impeded the ability to attend the psychotherapy treatment; however, this would not support the need for a chronic pain management program at this point regardless of the patient's other outside issues. The completion of the lower levels of treatment should first be accomplished and outcomes established prior to consideration of tertiary level treatment programs. Also, the patient has already had 10 sessions of a work hardening program in which the patient reportedly did not improve much as well and it appears that the chronic pain management program is being used as a steppingstone approach, which is not supported per evidence-based guideline criteria. In this case, without the appropriate completion of the other lower levels of treatment, there would be no support for the chronic pain program at this point. Therefore, this request is not medically reasonable or necessary."*

On September 20, 2013, replied as follows: *"is talking about her initial individual psychotherapy that was approved back in January 2013. She had an intake on November 19, 2013, that determined the necessity for individual psychotherapy. Then four sessions were approved and she did complete one session of individual therapy on January 28, 2013, which she found helpful, but at that point in time she was unable to complete her sessions due to financial issues impeding her ability to pay for childcare. We did a repeat intake on June 18, 2013. She then completed ten days of work hardening. Due to issues affecting her ability to make gains, we discharged her from work hardening then requested four sessions of individual psychotherapy to address these barriers. She did complete her sessions in a timely manner and had made gains. The dates of individual*

sessions (August 2, August 9, August 15 and August 19). If she participates in the chronic pain program, childcare issues will be worked out ahead of time. We do offer the patients a stipend for childcare costs."

Per the reconsideration review dated September 25, 2013, the appeal for unlisted physical medicine/rehabilitation service or procedure from September 11, 2013, through October 11, 2013, was denied based on the following rationale: *"Based on the clinical information provided, the request for 80 hours of a chronic pain management program with #97799 is not recommended as medically necessary. Per telephonic consultation the patient has completed 10 sessions of work hardening program. She then underwent MMPI testing to verify the patient's depression. The patient subsequently underwent a course of individual psychotherapy, but was never placed on psychotropic medications. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program and note that chronic pain management programs should not be used as a stepping stone after completion of less intensive programs."*

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

Based on the medical records and The Official Disability Guidelines (ODG) eighty hours of comprehensive chronic pain management program is not recommended. The individual has completed ten sessions of work hardening, physical therapy and a course of individual psychotherapy. ODG does not support redundancy of same or similar rehabilitation programs and chronic pain management programs should not be used as a "stepping stone" after completion of less intensive programs. Therefore the denial should be upheld.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES