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Notice of Independent Review Decision

March 23, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic pain management program (CPMP) – initial 80 hours – outpatient

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Physical Medicine and Rehabilitation/Pain Management

REVIEW OUTCOME:

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

☒ 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 (10/25/12 – 02/19/13)
- FCE (02/07/13)
- Utilization reviews (02/14/13, 02/26/13)

TDI

- Utilization reviews (02/14/13, 02/26/13)

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a female who was attempting to on xxxxx, for xxxx. She bent over at the waist when it fell over and struck her head, neck and upper, mid and lower back. The weighed approximately 150 lbs.

(Please note the records are extremely difficult to decipher)

2012: On October 25, 2012, the patient underwent initial behavioral medicine consultation. The patient reported having no significant medical history prior to the injury. She denied any emotional disturbance or treatment for mental health purposes impacting her ability to function independent prior to the work injury. The diagnoses were rule out pain disorder associated with both psychological factors and general medical condition, acute, and rule out anxiety disorder. The evaluator stated that the injury and pain were significantly impeding her ability to return to work and perform other activities of daily living (ADLs). He recommended a formalized battery of psychological tests including three-hour MMPI-2 RF and BHI-2.

On November 6, 2012, the patient underwent psychological testing and assessment. The following treatment history is noted:
"The patient sustained injuries to her head and neck while performing her customary duties. She was bent over at the waist when it fell over and struck her head, neck, upper mid and lower back. She initially went where she was treated with medication. She was then sent where she was x-rayed in the lumbar spine and received medications. She completed therapy and her doctor, asked evaluation to assess the patient's potential suitability for a comprehensive functional restoration program."
Currently, the patient scored 26 on Beck Depression Inventory-II (BDI-II) indicating moderate depression and 28 on Beck Anxiety Inventory (BAI) consistent with moderate anxiety. Her responses on the Fear Avoidance Beliefs Questionnaire (FABQ) showed significant fear avoidance of work FABQ-W 36 as well as significant avoidance of physical activity in general FABQ-PA of 21. Her Minnesota Multiphasic Personality Inventory-2-RF (MMPI-2-RF) interpretation was invalid and un-interpretable due the indications of over-reporting. The Battery of Health Improvement-2 (BHI-2) showed vegetative depression and autonomic anxiety. assessed pain disorder associated with both psychological factors and general medical condition, acute and anxiety disorder. The patient was recommended a ten-day trial of work hardening program (WHP).

2013: On January 28, 2013, evaluated the patient for neck pain and shoulder pain. He noted that the patient was frustrated with everything that had been going on. She was sick of dealing with Worker's Compensation system and was asking if she could be discharged. She had attended two out of four of her individual sessions and work hardening was currently under review for appeal as it was denied once. She was utilizing ibuprofen and tramadol. Examination showed very rigid neck and head, point tenderness to C3 and C4, paraspinous muscle spasms in the center of her back around T6 to T10, no difficulty getting on and off the exam table although she moved rather slowly when doing so. diagnosed chronic pain syndrome, refilled Motrin and recommended chronic pain management program (CPMP).

In a functional capacity evaluation (FCE) dated February 7, 2013, the evaluator noted that the patient qualified at light physical demand level (PDL) versus medium PDL required by her job. The problems were continued moderate-to-severe pain, weakness and functional deficits. The evaluator recommended CPMP.

Per chronic pain management interdisciplinary plan and goals of treatment dated February 7, 2013, the short-term behavioral goals included reduction of pain, decreasing impact of pain flare-ups, reduced depressive symptoms, reduced anxiety symptoms, educating patient about construction/adaptive strategies for pain and distress, decreased sleep disturbance, decreased sleep maintenance insomnia by increasing patient use of abdominal breathing and conducting a realistic exploration of vocational option. The long-term behavioral course included reduction in pain for over six months, stabilization of active mood disturbance for over six months, returning to productive work active lifestyle, reducing the misuse, overuse or dependence on medications for over six months, increase ability to self-manage pain and related problems and reduction/ elimination of the use of ongoing healthcare services. Short-term functional goals included increasing subjective productivity, reducing narcotic medication by at least 20%, increasing the number of outings in a week by 20%, demonstrating fair good body mechanics, increasing PDL from light to medium, increasing active range of motion (ROM), increasing cardiovascular endurance, contacting the employer to return to work availability, returning to prior job, maintaining working at previous job at three months post discharge, return or retain work by three months post discharge, improving body mechanics, reporting increased productivity by at least two points by discharge, meeting 80% of program goals by discharge and maintaining at least 80% attendance during program. The long-term functional goals included maintaining work at three months post discharge from rehabilitation program, maintaining work at twelve months post discharge from rehabilitation program, maintaining body mechanics, maintaining increased productivity, maintaining reduction of narcotic medications and maintaining increased number of outings attended in a week by 20%.

On February 7, 2013, the patient underwent evaluation for CPMP and was diagnosed with pain disorder associated with psychological factors and a general medical condition and anxiety disorder. She had attended four sessions of therapy. The evaluator recommended a trial in interdisciplinary pain rehabilitation for 10 days.

On February 8, 2013, preauthorization request for CPMP was submitted. The case information was as follows: *The patient had completed 12 PT sessions and four individual psychotherapy sessions. The request for WHP was denied at IRO.* She had undergone psychologic testing and presently she continued to report marked pain and unresolved functional problems that were associated with reliance on significant others to complete ADLs and unemployment. Her medications included ibuprofen and tramadol and the tramadol would be focus of titration during the program. The evaluator opined that the patient was a suitable

candidate for a tertiary level of care and she met the criteria for referral to a multidisciplinary CPMP.

Per utilization review dated February 14, 2013, the request for 80 hours of CPMP was denied by, Ph.D., with the following rationale:
"I discussed this case and the requested procedure. The clinical indication and necessity of this procedure could not be established. The mental health evaluation of February 7, 2013, finds impressions of pain disorder and anxiety disorder NOS. However, this is inadequate as an evaluation for admission to a comprehensive pain rehabilitation program. The employed psychometric assessments (see also below) are inadequate to support the diagnosis or explicate the clinical problems, to assist in ruling out other conditions which may explain or contribute to the symptoms and to help design and predict response to treatment; and there is no 'thorough behavioral psychological examination' to provide a reasonable 'manifest explanation for the etiology and maintenance of patient's clinical problems' (i.e., pain complaint, behavior and disability), to enable a 'better understanding of the patient in their [sic] social environment,' or to provide 'a cogent explanation for the identified complaints and dysfunction.' The patient has also been previously evaluated psychologically on October 25, 2012, and September 18, 2012, in the latter of which she invalidated an MMPI-2-RF. There is no explanation for this and no follow-up directly with the patient. Ruling out problematic test taking behavior versus malingering versus significant psychopathology is a critical part of a psychological assessment where a patently invalid MMPI-2 is produced and disability support is being sought or provided; and there was also no follow-up -with any other symptom validity testing, as is usual and customary practice when this happens.
This is especially relevant given the following: The history and physical by a medical director or a physician associated with the pain program, on January 28, 2013, does not offer any specific medical diagnosis, merely 'a chronic pain syndrome,' without any specific findings alluded to which would render a more specific diagnosis. Whether such is an accurate portrayal of the patient's presentation or condition is not specifically part of this review. However, there is no submitted history of findings alluded to in contrast to the above requirement that 'The diagnosis is not primarily a personality disorder or psychological condition without a physical component,' noting the considerable pain and illness behavior emitted during the examination. There was also no assessment of such behavior in the above mental health report to r/o actual operative factors in the maintenance of such behavior, as generally indicated in such evaluations.
Therefore, what is left is the inference that this presentation is not well enough appreciated to rationalize a chronic pain program at this time. There is also no documentation or known finding that the patient's treating physician has currently ruled out all other appropriate care for the chronic pain problem, a pivotal indication for initiating a chronic pain management program. A multidisciplinary decision by the provider on appropriateness for this treatment cannot be made, and a reasonable treatment plan developed, without these assessments [Official Disability Guidelines. (2013). Pain; Sanders, S., et al. (2005). Evidence-based clinical practice guidelines for interdisciplinary rehabilitation of chronic nonmalignant pain syndrome patients. Pain Practice, 5(4), 303-315; ACOEM.

(2008). Chronic pain. Occupational Medicine Practice Guidelines, 2nd ed,; p. 331]. I am not able to establish a basis that this treatment is both reasonable and necessary at this time. Non-approval is recommended."

On February 19, 2013, a reconsideration request for CPMP was submitted. The evaluator's response was as follows: The patient had an initial evaluation on October 25, 2012, recommending testing. She completed psychological testing on November 6, 2012. On the psychological testing report a recommendation for work hardening was made. The program was denied and then a request for four individual psychotherapy sessions was submitted to address her distress.

Per reconsideration review dated February 26, 2013, the appeal for 80 hours of CPMP was denied with the following rationale: *"Based on the clinical Information provided, the appeal request for 80 hours of chronic pain management is not recommended as medically necessary. The patient is not currently taking any opioid or psychotropic medications. The patient's MMPI is invalid and un-interpretable due to indications of over-reporting. The submitted records fail to establish that the patient has exhausted lower levels of care and is an appropriate candidate for this tertiary level program. Attempts have been made to reach the provider but were unsuccessful."*

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

The records indicate that the patient does not meet criteria for entry into a Chronic Pain Program. The entry criteria cannot be fulfilled partly due to having insufficient interpretable criteria due to over-reporting of symptoms. Additionally, the records appear to have insufficient measurable outcome criteria (psychotropics, opioids, etc).

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

☒ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**