

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 12, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of 80 hours of Chronic Pain Management program

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
307.89	Chronic Pain Management Program		Prosp	1			Xx/xx/xx	xxxxx	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO- 18 pages

Respondent records- a total of 70 pages of records received to include but not limited to: TDI letter 7.23.13; preauthorization request form 6.18.13; Nutrition and Wellness notes 6.7.13-6.12.13; report 10.16.12; WC Questionnaire; Pain Program Evaluation 6.10.13-6.25.13; letter 6.21.13, 7.3.13; IRO request forms

Requestor records- a total of 24 pages of records received to include but not limited to: Preauthorization request form 6.18.13; Nutrition and Wellness notes 6.7.13-6.12.13; report 10.16.12; WC Questionnaire; Pain Program Evaluation, 6.10.13-6.25.13

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee reportedly sustained an injury to the neck, shoulder, and left wrist on xx/xx/xx, following a slip and fall injury. The injured employee has been diagnosed with chronic pain syndrome. A prior history of a cervical fusion at the C5 through C7 levels is noted. There is also a history of shoulder surgeries times three with no specifics and wrist surgery times two. The injured employee is noted to have last worked in 2011.

An independent medical evaluation on October 16, 2012, documented the injured employee to have continued complaints of neck pain and radicular symptoms. Additional workup with electrodiagnostic studies and an updated MRI study were recommended to see if the injured employee was a surgical candidate. No recent or previous imaging studies were provided in the medical records presented to be reviewed.

An evaluation for participation in a chronic pain management program from June 10, 2013, indicated that the injured employee had previously participated in a chronic pain management program. It was noted that the injured employee did not feel the program was explained to her effectively and it appears that she may not have completed the program. No progress reports from the previous short-term participation in the chronic pain management program are included in the medical records. The injured employee was noted to have a Beck Anxiety Inventory score of 23 indicating moderate anxiety. A Beck Depression Inventory score of 28 was noted supporting moderate to high depression. Medications being taken were noted to include Hydrocodone, Zoloft, Prevacid, Nucynta, Synthroid, Cymbalta, and Lithium.

The most recent objective physical examination findings from June 12, 2013, documented tenderness to palpation in the cervical spine region at the C4 through C7 levels. Range of motion of the cervical spine was noted to be painful and reduced. A positive spinal percussion test was also documented.

Two previous denials for participation in a chronic pain management program were reviewed. The non-certifications were based on previous participation in a chronic pain management program, psychiatric issues resulting in poor prognostic indications for participation in a chronic pain management program. There was also mention of no previous documentation of any participation in individualized psychotherapy sessions.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division-mandated Official Disability Guidelines Pain Chapter, updated June 7, 2013, participation in a chronic pain management program is only supported if previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. The most recent evaluation for the neck and radicular complaints in this injured employee supported obtaining additional imaging studies to determine if there were any other treatment options that may result in improvement in symptoms including the possibility of surgical intervention. No recent imaging studies were included in the medical record presented to be reviewed to determine if the injured employee has any sort of spinal pathology that can be addressed with surgery, injection procedures, or other conservative measures. Treatment guidelines also support that negative predictors of success should be identified and addressed which has not been accomplished. The injured employee has not returned to work activity since 2011. There was previous participation in a chronic pain management program and the injured employee reportedly dropped out or did not complete this program. The previous chronic pain management documentation to indicate what type of improvement was accomplished is not included in the medical records presented to be reviewed. Based on treatment guidelines, treatment is not supported for longer than two weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and

objective gains (ODG, Pain Chapter, updated June 7, 2013). The previous participation in a chronic pain management program and dropping out of that program indicates a lack of compliance by the injured employee. Treatment guidelines also do not support re-enrollment or repetition of the same or similar rehabilitation program (ODG, Pain Chapter, updated June 7, 2013). The injured employee has already participated in a chronic pain management program for an unknown length of time and the current request would be repeating a similar program which is not supported. The previous non-certifications were reviewed and briefly summarized in the clinical summary above. The treating provider's most recent response from July 8, 2013, to the most recent non-certification was reviewed. The treating provider opined that due to the psychiatric medications and the injured employee's psychiatric state that a chronic pain management program would be indicated for the injured employee. The treating provider also indicates that the injured employee just wanted to transfer from one pain management program to another. This additional information does not result in an overturn of the previous non-certifications. Documentation of progress or lack of progress with participation in the previous chronic pain management program needs to be provided. There needs to be clear documentation of how many chronic pain management sessions were attended previously and clear documentation as to why the injured employee dropped out or was not allowed to continue treatment. Treatment guidelines clearly do not support repeated participation in a chronic pain management program and the medical records provided do not clearly address how many previous sessions of a chronic pain management program were attended by the injured employee. At this point, the negative predictors of success have not been adequately addressed. There is no clear documentation and imaging studies to support that additional treatment will likely result in any improvement in symptoms. The previous URA decision is upheld.

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
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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