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Notice of Independent Review Decision

DATE NOTICE SENT TO ALL PARTIES: 2/18/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 80 hours of chronic pain management.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of 80 hours of chronic pain management.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant has a date of birth of xx/xx/xx. He reported back pain on xx/xx/xx after lifting a trailer. The assessment indicates lumbago, lumbar HNP and lumbar radiculopathy. MRI of the lumbar spine shows spondylosis, disc disease, facet arthropathy and L5/S1 disc protrusion. There is no report of nerve impingement on MRI. No electrodiagnostic studies are available. He did have oral medications, physical therapy, and chiropractic. He did have an evaluation for a chronic pain program. There are no notes indicating participation in a CPP in the past. On 12/1/2011, he had an L5/S1 transforaminal epidural steroid injection with selective nerve root block of S1. The patient had no change in subjective pain complaints. The current or prior medications are not listed in the records. The physical therapy notes indicating the exercises provided are not available for review. There is a current request from the treating physician for 80 hours of a chronic pain program. BDI is 13 and BAI is 16. The FCE indicates he is functioning at a medium work level and that is job requires functioning at a heavy work level. There is no job description.

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

The criteria for a chronic pain program indicates that there should be a failure to restore pre-injury function after a period of disability such that the physical capacity is insufficient to pursue work, family or recreational needs.

- In this instance the claimant is functioning at a medium work level and there is no documentation that work has been pursued.
- There should be evidence of continued use of prescription pain medications without evidence of improvement in pain or function. This is not documented. This claimant has had persistent pain and there is no documentation of utilization of medications in the management of his pain.
- Previous methods of treatment should have been unsuccessful – however there are no physical therapy notes available to review to determine the treatment provided. There are no physician notes documenting review of the therapy with goals or specific therapy prescriptions. It is not clear if the therapy was a strengthening program and a HEP was provided. It is not clear if the claimant is performing a HEP. It is not clear if the therapy was modality based.
- All diagnostic studies should have been ordered and reviewed to rule out treatable pathology before initiating a CPP. In this instance the pathology of the continued leg pain is not clear. MRI does not show nerve impingement. Further studies were not seen.
- There is no evaluation of social and vocational issues that need assessment. There is no recording of current abilities of his activities of

daily living. There is no job description or documentation of speaking with employer. He is reported to be functioning at a medium level. It is not clear if there was discussion with his employer regarding accommodation of his restrictions. It is not clear if other work opportunities have been pursued. If not, could he return to a medium level work opportunity.

- He did have a psychological evaluation, but there is no evidence that he had psychological treatment at a lower level. There is no documentation of benefit from psychological treatment if it was provided.

The ODG does address functional restoration programs for low back pain. The program is based on physical training and cognitive training. The main goal is to restore physical function. However, this patient is currently functioning at a medium work demand level. Based on the Cochrane study as referenced in the ODG, there is contradictory evidence regarding vocational outcome following a chronic pain program. Less intensive programs do not show improvements in pain, function or vocational outcomes. The study suggests that patients should not be referred to a multidisciplinary bio-psychosocial rehabilitation program without knowing the actual content of the program.

Chronic pain programs are recommended where there is access to programs with proven successful outcomes, such as decreased pain and medication use, improved function and return to work and decreased utilization of the health care system. There should be evidence that a complete diagnostic assessment has been made, with a detailed treatment plan of how to address physiologic, psychological and sociologic components that are considered components of the patient's pain. The patient should show evidence of motivation to improve and return to work and meet the selection criteria. The predictors of failure in a CPP are poor work adjustment and satisfaction, a negative outlook about future employments, high levels of pretreatment depression, pain and disability, increased duration of pre-referral disability time, higher levels of opioid use and elevated pre-treatment levels of pain.

It is the reviewer's opinion, that the requested chronic pain program is not medically necessary at this time as the above variables are not outlined and the content of this proposed program is not known.

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
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- 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)