

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: JUNE 20, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The medical necessity of 25 units of a 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
Unk	Chronic Pain Management program		Prospect	25			Xx/xx/xxxx	2230248340001	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-20 pages

Respondent records- a total of 41 pages of records to include but not limited to: letter 6.5.13; ODG Guidelines Chronic Pain Programs; letters 5.3.13, 5.17.13; Fax Cover sheet 4.26.13; records 12.4.12-2.13.13; MRI Cervical spine 12.17.12; CAT/CT Cervical Spine 1.30.13; IME report 4.15.13; Outline Chronic Pain Management program; patient referral form; transaction report

Requestor records- a total of 425 pages of records received to include but not limited to: letter 6.4.13; Outline Chronic Pain Management program; patient referral; letter 12.6.12, 5.10.13; Doctors Care notes 6.19.12-10.22.12; DWC form 53; records 12.4.12-2.13.13; MRI Cervical spine 10.25.11., 12.17.12; CAT/CT Cervical Spine 1.30.13; 10.10.11-4.4.12; records 9.1.11-4.5.12; various DWC 73 forms; PPE reports 7.27.11, 1.17.12, 2.13.12, 3.14.12, 3.28.12; records 8.9.11-2.15.12; prescription of medical necessity for a Thermal Therapy unit; EOB for DOS 1.24.12, 12.5.11, 12.7.11; Pro-tech-tive Neuromonitoring records 12.7.11; Compression Solutions 12.7.11; Arthrex Invoice 1.22.11; note 12.20.11; Invoice for DOS xx/xx/xx; notes 12.5.11; Operative report 12.7.11; DWC form 1; job description; Electrodiagnostic Study 8.18.11; records 7.7.11; report 4.5.12; MRI left Ankle 10.24.11; Report 3.27.12

PATIENT CLINICAL HISTORY [SUMMARY]:

This female fell down a flight of stairs injuring the neck and left ankle on xx/xx/xx. The patient underwent anterior cervical discectomy and fusion at C4-C5 and C5-C6 in December 2011. The patient participated in postoperative physical therapy for one to two months after surgery, without improvement. The patient also underwent left ankle arthroscopy and debridement and open lateral Broström ligament reconstruction on December 20, 2011. A medical examination was performed on April 15, 2013. A postoperative MRI scan and CT scan/myelogram of the cervical spine was performed and noted surgical changes without any significant spinal cord impingement, spinal stenosis, or disc protrusions. Ongoing medication management as of April 15, 2013, included hydrocodone, Flexeril, Periactin, and Lidoderm patch. The physical examination documented that active neck range of motion was diminished with flexion and extension and bilaterally was approximately 30°. On observation, the patient tended to move the neck more so than requested during the examination. There was diffuse tenderness along the cervical, thoracic, lumbar, and sacral spine. The neurologic examination demonstrated that motor function noted mild decreases of effort throughout the upper and lower extremities but was essentially 5/5. Deep tendon reflexes were hyporeflexic and equal bilaterally. There was no clonus. Plantar reflexes were down going. There was a negative Hoffman's test and no history of Lhermitte's. Straight leg raise testing was negative to 90° sitting. The gait was non-antalgic and there was no foot drop. A chronic pain program was recommended five times a week, for five weeks. The patient was given a refill of Lortab, 5 mg, twice a day. A drug screen was obtained; however, the results were not available for review and the patient was stated to have signed an opioid contract. Flexeril was discontinued and the patient was asked to use Neurontin. The patient last had a Physical Performance Exam on March 28, 2012. There was no recent psychological evaluation available for review. The patient's required job physical demand level was stated to be Medium to Light.

The last documented Physical Performance Exam placed the patient at a Below Sedentary to Sedentary physical demand level. At the time of the last Physical Performance Exam the patient would have been six months status post ankle reconstructive surgery. As it had been one year since the last Physical Performance Exam and the patient had an additional year of recovery for both the neck and ankle, the last Physical Performance Exam of March 14, 2012, would not be currently valid.

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/GUIDLINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

According to Peer Review guidelines, prior to consideration of a chronic pain management program, there should be an appropriate screening evaluation, including psychological screening to determine sequelae that may limit functions of recovery, including such factors as anxiety, fear-avoidance, depression, sleep disorders, and nonorganic illness behaviors. A multidisciplinary evaluation should be made prior to beginning a pain management program. The patient already

underwent an MRI scan and CT/myelogram which does not objectify any further evidence of nerve root impingement, central canal stenosis, or cord compression. It is stated that the patient underwent a recent urine drug screen study; however, the results were not made available for review. There is no current Functional Capacity Evaluation and/or Physical Performance Exam documenting specific and current functional deficits. A recent evaluation of social and vocational issues was not provided. There has been no pre-program psychological evaluation performed to date. The current requesting physician has prescribed a program five times a week, for five weeks. The Peer Review guides further indicate that the total treatment duration should generally not exceed 20 full days, 160 hours of sessions, and that treatment is not suggested for longer than two weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. Therefore, without appropriate pre-program Functional Capacity Evaluation, psychological assessment, or results of a recent urine drug screen study to objectify any drug aberrant behavior, the pre-program requirements have not been met; therefore, the request is premature and not medically supported. The request for a 25 units of Chronic Pain Management program is not certified.

Official Disability Guidelines

Pain (Updated June 7, 2013)

Chronic pain programs (functional restoration programs)

Below are some of the Criteria for the general use of multidisciplinary pain management programs that was not met:

Outpatient pain rehabilitation programs may be considered medically necessary in the following circumstances:

1. The patient has a chronic pain syndrome, with evidence of loss of function that persists beyond three months and has evidence of three or more of the following:
 - a. Excessive dependence on health-care providers, spouse, or family,
 - b. Secondary physical deconditioning due to disuse and/or fear-avoidance of physical activity due to pain,
 - c. Withdrawal from social activities or normal contact with others, including work, recreation, or other social contacts,
 - d. Failure to restore preinjury function after a period of disability such that the physical capacity is insufficient to pursue work, family, or recreational needs,
 - e. Development of psychosocial sequelae that limits function or recovery after the initial incident, including anxiety, fear-avoidance, depression, sleep disorders, or nonorganic illness behaviors (with a reasonable probability to respond to treatment intervention),
 - f. The diagnosis is not primarily a personality disorder or psychological condition without a physical component, and
 - g. There is evidence of continued use of prescription pain medications (particularly those that may result in tolerance, dependence or abuse) without evidence of improvement in pain or function.
2. Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement.
3. An adequate and thorough multidisciplinary evaluation has been made. This should include pertinent validated diagnostic testing that addresses the following:
 - a. A physical examination that rules out conditions that require treatment prior to initiating the program. All diagnostic procedures necessary to rule out treatable pathology, including imaging studies and invasive injections (used for diagnosis), should be completed prior to considering a patient a candidate for a program. The exception is diagnostic procedures that were repeatedly requested and not authorized. Although the primary emphasis is on the work-related injury, underlying non-work related pathology that contributes to pain and decreased function may need to be addressed and treated by a primary care physician prior to or coincident to starting treatment,

- b. Evidence of a screening evaluation should be provided when addiction is present or strongly suspected,
 - c. Psychological testing using a validated instrument to identify pertinent areas that need to be addressed in the program (including but not limited to mood disorder, sleep disorder, relationship dysfunction, distorted beliefs about pain and disability, coping skills and/or locus of control regarding pain and medical care) or diagnoses that would better be addressed using other treatment should be performed, and
 - d. An evaluation of social and vocational issues that require assessment.
10. Treatment is not suggested for longer than two weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. (Note: Patients may get worse before they get better. For example, objective gains may be moving joints that are stiff from lack of use, resulting in increased subjective pain.) However, it is also not suggested that a continuous course of treatment be interrupted at two weeks solely to document these gains, if there are preliminary indications that they are being made on a concurrent basis.

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