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Notice of Independent Review Decision

Date notice sent to all parties: 04/01/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Eighty hours of a chronic pain management program for the lumbar spine

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

Board Certified in Preventive & Occupational Medicine
Board Certified in Family Practice

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)

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

Eighty hours of a chronic pain management program for the lumbar spine -
Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

A lumbar MRI dated 06/06/12 revealed the L5 vertebral body was sacralized with a vestigial L5-S1 disc space. At L4-L5, there was a broad based 4 mm. central disc protrusion with an associated annular fissure. No canal stenosis or significant foraminal narrowing was identified. performed an epidural steroid injection (ESI) on the right at L4-L5 on 03/21/13. On 11/12/13, he performed right L4-L5 and L5-S1 facet joint injections and median branch nerve blocks and arthrography of the lumbar zygapophyseal facet joints. On 12/18/13, examined the patient and he noted he had 50% relief with the ESI and he only had pain when he sat or climbed stair. He was also taking Cymbalta for pain. He was 71 inches tall and weighed 220 pounds. He had a normal heel to toe gait and mild tenderness of the mid lumbar spine and right sided paralumbar muscles. Flexion was 50 degrees, extension was 20 degrees, and right sided bending was 25 degrees versus 26 degrees on the left. Straight leg raising was negative bilaterally. Strength was 5+/5 in the bilateral lower extremities and sensation was normal, as were deep tendon reflexes. The assessments were lumbar sprain/strain and degenerative disc disease of the lumbosacral spine with radiculopathy. Work hardening and conservative treatment were recommended. The patient underwent a Work Capacity Evaluation on 01/10/14 which indicated he was functioning in the light physical demand level and his previous employment required the heavy physical demand level. He was felt to have demonstrated maximum effort and had a good validity profile. Ms. evaluated the patient on 01/10/14. On BDI-II testing, he scored 28, which indicated moderate depression and on BAI testing, he scored a 10, which indicated mild anxiety. His GAF score was 65. The diagnostic impressions were major depression, moderate and injury related and pain disorder associated with both psychological factors and a general medical condition. A chronic pain management program for 80 hours was recommended. provided a preauthorization request on 01/15/14 for 80 hours of a chronic pain management program, as other treatment options had been exhausted. It was felt he required the medical services that were only available in a chronic pain management program to treat the psychological component of his injury, achieve MMI, and return to gainful employment. On 01/21/14, provided an adverse determination for the requested 80 hours of a chronic pain management program. On 01/23/14, requested reconsideration for the requested 80 hours of the chronic pain management program. It was noted he had undergone medication management and did not have the pain and stress management skills necessary to adequately function in the presence of constant pain. On 01/30/14, provided another adverse determination for the requested 80 hours of a chronic pain management program. On 03/05/14, examined the patient. It was noted the patient had won a CCH in early 2013 and was received an ESI, which did not help his pain. It was noted a chronic pain management program had been recommended in July or August 2013, but was denied through preauthorization and IRO. He had moderate tenderness of the lumbar paraspinals bilaterally and range of motion was decreased. Kemp's provoked centralized pain. Flexeril, Cymbalta, Ultram, and Motrin were continued, as well as an off duty status because the employer could not accommodate light duty. addressed a letter to on 03/20/14. He again noted the patient required the medical services that were only available in a chronic pain management program

in order to treat the psychological component of his injury, achieve MMI, return to gainful employment, and achieve case resolution.

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

I agree that an initial trial of a chronic pain management program would meet the ODG criteria, per the Pain Chapter. This patient has a presentation consistent with chronic pain syndrome. Previous methods of treating his pain and symptoms has been unsuccessful and there is an absence of other options that would likely result in significant improvement at this time. Treatment thus far appears to have exhausted standard conservative interventions, including medications, physical therapy, injections and psychological counseling. It has been determined that he is not a surgical candidate. When I compare this case to the ODG criteria for the general use of a multidisciplinary pain management program, it would be my opinion that he meets the criteria for a two week trial of 80 hours. 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, the requested 80 hours of a chronic pain management program for the lumbar spine is necessary, appropriate, and in accordance with the ODG and the previous adverse determinations should be overturned at this time.

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)