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Notice of Independent Review Decision

DATE OF REVIEW: March 11, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours of chronic pain management.

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

M.D., Board Certified in Physical Medicine and Rehabilitation.

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 requested 80 hours of chronic pain management is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported a work-related injury on xx/xx/xx. The work capacity evaluation dated 11/8/13 noted the patient's occupational demands were rated at a heavy physical demand level. It was noted the patient's previous Functional Capacity Evaluation results on 8/22/13 reflected the patient was at a light physical demand level. Upon re-examination on 11/8/13, the patient was functioning at a light physical demand level which indicated the patient had a moderate functional deficit. The behavioral evaluation report dated 11/8/13 noted the patient had a significant loss of ability to function independently resulting from chronic pain, the patient was not a candidate where surgery would clearly be warranted, and the

patient had motivation to change and was willing to forego secondary gains. The patient reported his pain rating at 2/10. The patient scored a 65 in the pain impairment relationship scale (PAIRS) indicating an elevated range of impairment. The patient scored a 21 on the Beck Depression Inventory-II which revealed the patient had symptoms of depression falling in the moderate range. The patient scored a 12 on the Beck Anxiety Inventory indicating he had anxiety symptoms falling in the moderate range. The progress summary dated 12/30/13 noted he was starting to recognize and practice the learned natural restorative techniques to manage more effectively his stress, tension, and pain. The patient was compliant with the program. The provider noted the patient still had pain symptoms that appeared to impair work, social, and personal functioning; however, the patient was making progress in his ability to cope with the pain related symptoms. The provider noted the patient became more positively engaged in the program and would benefit from additional program sessions to strengthen and expand his chronic pain management skills. The provider noted the patient's Beck Depression Inventory (BDI) score decreased from 21 to 15 and the patient's Beck Anxiety Inventory (BAI) decreased from 12 to 11. The request for reconsideration dated 1/9/14 noted the patient was demonstrating progress, achieving lower levels of depression and anxiety, lower levels of pain, less medication use, less avoidance behavior, and less isolation. The provider noted the patient's pain decreased from a 3 to a 2 and the patient's use of hydrocodone decreased from twice daily to once daily and would be titrated. The letter dated 2/24/14 noted the patient had been treated with medications, therapy, physical rehabilitation, and surgery. The patient had chronic pain, functional deficits, and a secondary depressive reaction. The provider noted the patient did not have adequate pain and stress management skills. The provider noted the patient needed specific pain and stress management training so that the patient would be more functional while dealing with his pain on a daily basis. It was indicated that other treatment options had been exhausted and the provider recommended continuation in a chronic pain management program. The provider noted the patient had significant functional deficits and he required assistance with many of his regular activities of daily living and physical activity exacerbated the patient's pain, rendering him incapable of tolerating sustained activity.

The URA indicated that the patient did not meet Official Disability Guidelines (ODG) criteria for the requested services. Per the denial letter dated 1/14/14, the URA indicated that the treating physician has not documented enough increase in function or decrease in pain to support re-enrollment in a chronic pain management program.

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

Official Disability Guidelines do not recommend chronic pain programs for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. Guidelines further indicate that the treatment duration should generally not exceed 20 full days (160 hours) sessions. In this patient's case, the documentation submitted for review indicates that the patient has had minimal improvements during the first 80 hours of the chronic pain management program. The medical records submitted for review indicate that the patient's pain decreased from a 3 to a 2, hydrocodone use decreased from twice daily to once daily, the patient's Beck Depression Inventory score decreased from a 21 to 15, and the patient's Beck Anxiety Inventory score decreased from a 12 to 11. It was also indicated that

the patient's physical demand level improved from a light to a light-medium. Given the patient's lack of significant improvement, the patient is not likely to benefit from additional intervention. In accordance with the above, I have determined that the requested 80 hours of chronic pain management is not medically necessary for treatment of the patient's medical condition.

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 KNOWLEDGBASE
- 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 JUDGMENT, 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)