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Notice of Independent Review Decision

DATE OF REVIEW: March 17, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 sessions of chronic pain management program.

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 and Pain 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)

I have determined that the requested 10 sessions of chronic pain management program are not medically necessary for the treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a male who sustained an injury on xx/xx/xx causing injury to the bilateral legs. On 3/08/13, the patient underwent incision and debridement of the skin, subcutaneous fascia and bone of a right open tibia fracture as well as intramedullary nail fixation of the right open tibia fracture, debridement of skin and subcutaneous tissue muscle and bone of the left open tibia fracture and closed treatment of right foot metatarsal head fractures from 2 through 4 as well as closed treatment of great toe proximal phalanx fracture. Since the date of surgery, the patient has undergone treatments with 42 sessions of physical therapy, 80 hours of a work hardening program, six sessions of individual psychotherapy and chiropractic treatment. The individual

psychotherapy was noted to help the patient significantly to better cope with his injury. A 30 day follow-up initial mental health evaluation dated 1/17/14 indicated that the patient was being recommended for a chronic pain management program for 10 sessions to address chronic pain and associated symptoms of depression and anxious mood and to help increase the patient's coping skills. Additionally, an assessment of the patient completed on 11/06/13 indicated subjective complaints of continued neck and back pain and stiffness as well as neck muscle tightness. The notes indicated the patient had been tested with a Functional Capacity Evaluation and was found to perform physically at a light demand level and that this failed to meet the patient's minimum job requirements of a heavy demand level. A request has been submitted for 10 sessions of chronic pain management program.

The URA indicated that the patient did not meet Official Disability Guidelines (ODG) criteria for the requested services. Per the URA, there is report of light capacity on a Functional Capacity Evaluation. The URA reported in such a case with heavy job demands, there needs to be more specifics in place to reach attainable goals through the execution of a chronic pain program. On appeal, the URA noted that there is not available information as to the patient's attendance, compliance or progress with work hardening.

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

A review of the Official Disability Guidelines details the criteria for admission into a multidisciplinary pain management program. These programs are indicated for patients with chronic pain syndrome and evidence of loss of function which persists beyond three months with evidence of three or more of the following: (1) Excessive dependence on health care providers; (2) secondary physical deconditioning due to disuse and/or fear avoidance of physical activity due to pain; (3) withdrawal from social activities and normal contact with others including work, recreation or other social contacts; (4) 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; (5) there is development of psychosocial sequelae which limits function or recovery after initial incident, including anxiety, fear avoidance, depression, sleep disorders, or non-organic illness behaviors; (6) that the diagnosis is not primarily a personality disorder or psychological condition without a physical component; (7) 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. Furthermore, previous methods of treating chronic pain should have been unsuccessful with an absence of other options likely to result in significant clinical improvement. There should also be an adequate and thorough multidisciplinary evaluation to include a physical examination, screening evaluation when addiction is present or strong suspected, clinical and psychological testing using a validated instrument and an evaluation of social and vocational issues which require assessment.

In this patient's case, he has undergone prior treatment with multiple physical therapy sessions, participation in a work hardening program and individual psychotherapy as well as chiropractic treatment. The notes indicate that a recent Functional Capacity Evaluation was completed which demonstrated a light physical demand level versus a requirement for a heavy physical demand level. Additionally, a mental health evaluation was completed which diagnosed the patient with

a pain disorder associated with both psychological factors and a general medical condition, with moderate levels of depression and anxiety. However, the documentation submitted for review fails to provide a detailed physical examination of the patient. There is no clear indication that the patient has continued use of prescription pain medications, particularly those that may result in tolerance, dependence or abuse. Based on the documentation submitted for review, the request for participation in a chronic pain management program is not supported. All told, submitted documentation fails to establish the medical necessity of the requested 10 sessions of chronic pain management program.

Therefore, I have determined the requested 10 sessions of chronic pain management program are 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 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 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)**