



Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax: 877-738-4395

Notice of Independent Review Decision

Date notice sent to all parties: 08/13/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Eighty hours of a chronic pain management program

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

This physician reviewer is Fellowship Trained in Pain Management and Board Certified in Anesthesiology with a Certificate of Added Qualifications in Pain Medicine. This reviewer has over 25 years of active and current experience in the practice of pain management and is duly licensed to practice medicine in the state of Texas.

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 - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was allegedly injured on xx/xx/xx as a result of a gunshot wound, injuring his right shoulder. According to the medical records, during his work he

was injured during an attempted robbery. He was taken to the emergency room, where a bullet was removed from his right shoulder. He was subsequently discharged two days later. A right shoulder arthrogram was performed on 04/06/15, demonstrating evidence of metallic fragments from prior gunshot wound. On 05/06/15, the patient had orthopedic evaluation for his ongoing pain in the right clavicle and shoulder region. He noted the patient had completed an unspecified amount of physical therapy. opined that the patient's symptoms were inconsistent with possible evidence of a superior labrum anterior and posterior lesion, he noted on the MR arthrogram, and that he did not feel surgery was indicated. On 06/22/15, the patient was referred to x where the patient complained of a pain level of 5/10. Beck Depression Inventory score was noted to be 20 (moderate) and Beck Anxiety Inventory score was noted to be 28 (moderate). The documentation indicated the patient had completed an unknown amount of "individual counseling sessions," as well as a variety of other treatments. A recommendation was made for the patient's depression and anxiety symptoms to be monitored and reviewed by a "medical consult." Ms. Olachea recommended the patient undergo 80 hours of a chronic pain management program at the facility in which she was employed. An FCE was also performed on 06/22/15, in which the patient was said to be functioning at a sedentary to light physical demand level with an occupational requirement of heavy.

On 07/08/15, the patient was seen, the medical director for the chronic pain management program. started the patient on Elavil 25 mg. at bedtime on that date. She also recommended 80 hours of a chronic pain management program. Initial physician advisor review was performed on 07/17/15 by Paul Loubser, on behalf of xxxxxx, and he recommended non-authorization of 80 hours of a chronic pain management program, citing the ODG and questioning why a program similar to the previous physical therapy and work hardening programs attended by the patient would be necessary, given the failure of those previous programs. On 07/22/15, wrote a letter of reconsideration for the request for a chronic pain management program. She merely cited all of the same information in the initial request, providing no new medical information nor any objective data to support his request for reconsideration. A second, separate physician advisor for xxxx, xxxxx, provided a review on 07/27/15 also recommended non-authorization for the requested 80 hours of a chronic pain management program, again citing the patient having previously undergone "substantially similar programs" and noting that the patient had not exhausted all appropriate treatment. The physician advisor also spoke with someone at the chronic pain management program, discussing the need for the patient to be on an anti-depressant at a "good therapeutic dose" rather than the recently prescribed Elavil. On 07/31/15, submitted yet another letter citing, again, no new information or objective data to support the request for reconsideration. The letter was merely a restatement of the previous request and reconsideration.

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

This patient has clearly failed to achieve any significant benefit from an extensive amount of postoperative physical therapy, alleged individual psychological counseling sessions (non-specified), and a work hardening program (allegedly fully completed a total of 80 hours). A chronic pain management program does not offer any elements of treatment that have not already been tried and failed through physical therapy, individual counseling sessions, and a work hardening program. Therefore, there is no medical reason or necessity for yet another tertiary care program with the patient having failed a tertiary program in work hardening. Additionally, it is abundantly clear that the patient has not exhausted all appropriate medical treatment, as a three to four-week trial of Elavil 25 mg. at bedtime is not an appropriate trial of anti-depressant treatment using modern anti-depressants at an appropriate dose. Although Elavil is on the ODG formulary, there are much better anti-depressants also on the formulary that have not been tried, nor, for that matter, has the Elavil dose been maximized to be able to declare its use a failure. Therefore, the patient has clearly not exhausted all appropriate medical treatment. That, combined with the failure to gain clinical benefit from all of the elements of a chronic pain management program provided to the patient through physical therapy, individual counseling, and a work hardening program, clearly predicts the same type of results if those elements were repeated in a chronic pain management program. The ODG guidelines do not recommend repetition of tertiary care programs when one tertiary care program (e.g. work hardening) has already failed. Finally, the ODG guidelines do not recommend initial authorization for 80 hours of a chronic pain management program. If anything they recommend a one to two week trial of a chronic pain management program to assess patient's compliance and progress. Therefore, for all of the above reasons, the request for 80 hours of a chronic pain management program is not medically reasonable or necessary and the recommendations of the previous two physician advisors for non-authorization are, therefore, upheld 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**

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

X 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)