

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038
972.906.0603 972.906.0615 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 2, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed request for an extension of a Chronic Pain Management program, 40 additional hours

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 | | Prosp | 40 hours | | | Xx/xx/xx | xxxxx | Upheld |

No other records received for IRO review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee is a male who reported a work-related injury, which occurred on xx/xx/xx.

A Behavioral Evaluation Report was prepared on June 20, 2014. It was noted that testing revealed a moderate score on the Beck Depression Inventory and mild score on the Beck Anxiety Inventory. The Global Assessment of Functioning score was 65. The assessments made were measured depression, and pain disorder associated with both psychological factors and a general medical condition. Treatment in a chronic pain management program was recommended.

A Work Capacity Evaluation was performed on June 20, 2014. It was determined that the injured employee was functioning at a Light-Medium Physical Demand Level, which did not meet his regular duty requirement of a Heavy Physical Demand Level.

He was evaluated on June 25, 2014. It was noted that the injured employee had been treated with medication, therapy, physical rehabilitation, and injections. Chronic pain, functional deficits, and a secondary depressive reaction continued. Additional treatment with antidepressant medication was noted. It was reported that the injured employee did not have adequate pain and stress management skills and required specific pain and stress management training so that he would be more functional while dealing with his pain on a daily basis. Treatment in a chronic pain management program was recommended.

The injured employee was re-evaluated on September 22, 2014, it was noted that perceived pain was unchanged at 5 to 6/10 intensity. Beck Depression Inventory score had decreased from 21 to 13, and the Beck Anxiety Inventory score had decreased from 9 to 5. It was noted that progress had been made and an additional 40 hours of treatment in the chronic pain management program was recommended.

A Work Capacity Evaluation was performed on October 16, 2014. It was determined that the injured employee was functioning at the Medium Physical Demand Level, and still had not met the required Heavy Physical Demand Level.

An Adverse Determination Notice was completed on October 21, 2014. It was noted that the injured employee had done well after completion of the guideline recommended 160 hours of a chronic pain management program and was suitable for transition to a home exercise program alone. As such, the request for extension of the chronic pain management program was not certified.

A Request for Reconsideration was completed on October 28, 2014. It was noted that the injured employee had demonstrated improvement with treatment in a chronic pain management program to date, achieving lower levels of depression and anxiety, as well as achieving lower levels of perceived pain and overcoming avoidance behavior and perceived disability. Additional time was required to extinguish the regular use of medications and dependence on the healthcare team, as well as to lower depression and anxiety, complete pain management training and vocational counseling, improve function to the Medium-Heavy Physical Demand Level, and provide relapse prevention training.

An Adverse Determination Notice was completed on November 3, 2014. It was noted that an additional week of treatment was requested to increase the injured employee's Physical Demand Level to Heavy. As the Physical Demand Level had not significantly changed from June through October, it was felt that an increase to the Heavy Physical Demand Level was unlikely after one additional week of treatment, and the request was not certified.

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

RATIONALE:

As noted in the Division-mandated Official Disability Guidelines, treatment in a chronic pain management program beyond 160 hours is not recommended without a clear rationale for the specified extension with reasonable goal to be achieved. The medical records provided for review indicate that the injured employee made improvements in perceived pain levels, as well as improved scores on depression anxiety testing; however, significantly increased function was not documented, as there was no significant change in the Physical Demand Level between the Work Capacity Evaluations of June 20, 2014, and October 16, 2014.

Based on the lack of significant improvement over this four-month period, it is unreasonable to assume that an additional 40 hours of treatment will result in a progression from the Medium to Heavy Physical Demand Level. Additionally, there was no documentation of a significant decrease in medication usage. Based on this and a lack of significant functional improvement provided to date, the request for an extension of 40 additional hours of chronic pain management program beyond the guideline recommended 160 hours, it is not medically supported.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

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

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES