

AccuReview

An Independent Review Organization

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[Date notice sent to all parties]: June 9, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Functional restoration program 80hrs/units

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

This physician is Board Certified in Physical Medicine and Rehabilitation with over 18 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

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

05-18-15: UR performed by , MD

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is female who sustained a work related injury on xx/xx/xx while carrying out customary duties. She was lifting a case of cokes overhead onto a shelf, to get into the cart to put in the air plane. She said after she had placed the case on the shelf, she felt a pulling sensation in her low back/hip area. She said she took some Advil and decided to rest. She was not scheduled to work for the next two days. When she tried to get out of bed the next morning, she was unable to move due to pain. She called her supervisor that next day and they referred her to. While, she underwent an x-ray and she received an injection to help with the pain. She immediately started attending PT and stated after every other session she needed to have her hip put back into place, which physical therapist did for her.

03-30-15: Office Visit dictated: LBP unchanged with radiation to left hip worsening at times. PE: ROM: L/S flexion < 35 degrees, extension=full. Pain on palpation: lower L/S L>R, left SI. Strength: 4/5 trunk. ADL limitations: lifting and bending. Other findings: + SLR at 45 degrees on the left, + forth left. recommended pain management. DX: 847.2 Lumbar sp/st. Treatment Plan: return to work program, HEP, need 3/26/15 DDE report, f/u PRN, refer back to for injection appeal. F/U 4wks and return to work with restrictions.

03-30-15: Requested Service. Services Requested: Functional Restoration/Return to Work Program.

04-08-15: PPE. Current Medications: Flexeril, metformin, lisinopril, novolog, levemir. Assessment: Although the claimant is currently working, she is unable to perform her regular job duties without the risk of further injury. The claimant is currently at Light PDL; her required PDL is Medium. Recommendations: Any referrals the treating doctor feels necessary to help the claimant's condition. Based on the findings, the claimant may benefit from a referral to a functional restoration program. According to the objective findings from the testing, the claimant does not meet the requirements, safety, and performance ability to do her original job safely, effectively, and confidently (without restrictions). However, the claimant is capable of performing her now and current job duties (with restrictions) which is a lower PDL than the one in which she originally sustained the occupational injury.

04-08-15: Initial Clinical Interview & Assessment. Claimant has been put at clinical MMI of 5% and per is potentially suitability for a comprehensive functional restoration program. DX: 300.82 Somatic Symptom Disorder, With predominant pain, Persistent, Severe, 309.28 Adjustment Disorder, With mixed anxiety and depressed mood, 780.52 Insomnia Disorder, With other medical comorbidity. Based on the information gathered through the initial interview, the claimant's emotional presentation and verbal report, we would determine that the work accident pain and ensuing functional limitations have caused this claimant's disruption in lifestyle, leading to poor coping and maladjustment and disturbances in sleep and mood. The claimant appears to have been functioning independently prior to the work injury of DOI: xx. Treatment Goals and Objectives for Identified Deficit Areas using Cognitive Behavioral Intervention: Concur with recommendation that the claimant participate in a Functional Restoration Program as the claimant has exhausted conservative treatment of PT, injections for her hip/back, yet continues to struggle with pain and functional problems that pose difficulty to her performance of routine demands of living and occupational functioning. The response to FABQ was positive for FABQ-PA=42 and was positive for significant fear and FABQ-W=23. Thus, it is recommended that be approved for participation in the Functional Restoration Program in order to increase her physical and functional tolerances and to facilitate a safe and successful return to work.

04-27-15: Functional Restoration Program Preauthorization Request. Summary: Please recall that prior treatment modalities have failed to stabilize the claimant's

psychosocial distress, increase her engagement in activities of daily living, or enhance her physical functioning such that she could safely return to work. The claimant is approximately 1 year status post injury. Her pain is chronic, persistent, and intractable at 6-8/10, depending on her level of activity. Conservative care has not been sufficient to extinguish her pain or increase her functional tolerances such that she could successfully return to developed a chronic pain syndrome; the treatment of choice is participation in an interdisciplinary pain rehabilitation program. The claimant's treating doctor has prescribed participation in an interdisciplinary chronic pain rehabilitation program as medically necessary. The intensive level of care is needed to reduce the claimant's pain experience, develop self-regulation skills, and facilitate a timely return to work force. Thus, authorization for 80 hours in a Functional Restoration Program appears reasonable and medically necessary for any lasting management of her pain symptoms and related psychosocial problems, as it is the recommended treatment of choice in patients with chronic pain syndrome.

05-01-15: Authorization Request Denial. Reason for denial: The authorization request does not meet medical necessity guidelines.

05-13-15: UR. Reason for denial: The case was reviewed with the requesting provider, and the opinions set forth by the requesting provider are very much respected. However, at the present time, for the described medical situation, the above notes reference would not support a medical necessity for such an extensive program. This reference would not support this request that all lower levels of care have been exhausted. As such, presently, medical necessity for this request is not established per criteria set forth by the above noted reference. Request an adverse determination.

05-18-15: UR. Reason for denial: Consulted with questioning claimant meeting the criteria for a CPMP. She does not have a chronic opiate dependence problem. She does not appear to have a disuse issue. She does not appear to have significant physical deconditioning. There have not been adequate attempts to treat her pain with other [pharmacologic] modalities. In light of this, I cannot approve this request. This review results in the following determination regarding the treatment being requested: adverse determination.

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

Denial of 80 hours of Functional Rehabilitation Program is UPHELD/ AGREED WITH since there is lack of clinical information. There is lack of information regarding lower levels of care, including physical therapy (number of basic PT visits, compliance with attendance and the progress in range of motion and strengthening with these visits); consideration of and response to any injections; trial of and response to medication and current medication, particularly any habituating medication and, if so, the planned weaning process, and, if not, availability of alternative analgesics to manage pain associated with the activation process. There is also question regarding psychometric testing such as Beck Depression and Anxiety Indices to assist with quantification of severity of mood

disturbances and consideration of any psychotropic medication to assist in participation of the program. Therefore, after reviewing the medical records and documentation provided, the request for Functional restoration program 80hrs/units is denied.

Per ODG:

Functional restoration programs (FRPs)	<p>Recommended for selected patients with chronic disabling pain, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs (see Chronic pain programs), were originally developed by Mayer and Gatchel. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. (Bendix, 1998) A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. (Guzman 2001) It must be noted that all studies used for the Cochrane review excluded individuals with extensive radiculopathy, and several of the studies excluded patients who were receiving a pension, limiting the generalizability of the above results. Studies published after the Cochrane review also indicate that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. (Airaksinen, 2006) There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. (Karjalainen, 2003) Early rehabilitation is more likely to be a cost-effective compared to receiving functional restoration as a treatment of last resort. (Theodore, 2014) Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. For general information see Chronic pain programs.</p>
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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)**