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March 24, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
CPT 97799 – Chronic Pain Management Program - 80 Hours Outpatient

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Fellow American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME:

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

☒ Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was injured on XX/XX/XX, while performing his duty as XX. The patient was exiting his XX when he lost balance and fell backwards onto the curb striking his right hip and lower back.

On XX/XX/XX, the patient was evaluated for complaints of left hip pain and right hip pain. The pain level was 4/10. The left hip was not compensable but the patient wished to include it as a compensable injury. Past medical history was notable for hypertension and high cholesterol. The current medications were Bystolic, cyclobenzaprine, etodolac, hydrocodone-acetaminophen, Laxacin, and Lyrica. On examination, the right hip flexion was 90 degrees and with some pain. Left hip had decreased range of motion (ROM) due to pain with flexion at 60 degrees. Back flexion was 40 degrees, extension was 5 degrees. XX diagnosed status post total right hip replacement, left hip pain, low back pain and injury-related depression. The patient was referred to orthopedics and pain management. XX recommended functional restorative program. A physical performance evaluation (PPE) was ordered.

On XX/XX/XX, PPE was completed. The diagnoses were right hip effusion, idiopathic aseptic necrosis of the right femur, and contusion of right hip. It was noted the patient had made objective improvements in ROM and static strength since last evaluation. The patient was able to return to work with restrictions. It was advised that the patient should continue care with his treating doctor in order to help his condition, minimize and correct as well as reduce muscle spasms, decrease joint adhesions, increase range of motion (ROM) and decrease perception of pain. It was felt that the patient would benefit from a referral to a functional restoration program (FRP).

On XX/XX/XX, an Initial Behavioral Medicine Assessment was completed. The referral was for determination of the patient's emotional status and his suitability for some level of behavioral medicine treatment. The patient reported 8/10 pain in his right hip with radiation to his knees. The patient was diagnosed with major depressive disorder, single episode, severe, with anxious distress and melancholic features; and somatic symptom disorder, with predominant pain, persistent, severe. Individual psychotherapy 1 x 6 weeks was recommended.

On XX/XX/XX, an Evaluation for Chronic Pain Management program was completed. The diagnoses were somatic symptoms disorder with predominant pain, persistent, current severity moderate; unspecified anxiety disorder; and major depressive disorder, single episode, severe, with melancholic features, moderate. The patient was recommended to participate in chronic pain management program (CPMP). It was felt the patient would require interdisciplinary chronic pain program in order to reduce his pain

and fear avoidance behaviors while improving his physical capabilities and functioning in order to propel him towards a safe return to work and facilitate medical case closure.

On XX/XX/XX, a Psychological Testing and Assessment Report was completed. The diagnoses were somatic symptom disorder with predominant pain, persistent, current severity moderate; major depressive disorder, single episode, severe, with melancholic features, severe; and unspecified anxiety disorder. Recommendation was participation in interdisciplinary CPMP in order to reduce his pain and fear avoidance behavior while improving his physical capabilities and functioning in order to propel the patient toward a safe return to work and facilitate medical care closure.

On XX/XX/XX, a preauthorization request for 80 hours interdisciplinary CPMP was submitted.

On XX/XX/XX, XX performed an initial review and denied the request with the following rationale: "*Chronic Pain Management Program: When noting the date of injury, the injury sustained, the treatment rendered, to include the surgical intervention, psychiatric treatment, and noting that this individual is limited to a sedentary PDL, there is no clear clinical indication that this individual has any significant return to work capabilities. A pain management program will not increase the overall functionality of this Individual. Therefore, when noting the specific criterion outlined in the ODG with respect to someone who has been out of work for more than 24 months, and there is no discussion relative to return to work issues, there Is no clear clinical indication presented to support this request. Furthermore. there is no narrative presented outlining the efficacy of this protocol in terms of return to work issues. As such, this is not clinically indicated. This request is recommended for non-certification."*

On XX/XX/XX, XX submitted a reconsideration request. XX noted that the patient's previous work history was positive for working as a XX. This was his present skill-set. He expressed an interest in returning to work. However, in the event that he was unable to obtain his previous position, the treatment team would encourage the patient to explore other realistic vocational plans. Treatment would aim to enhance his functioning and teach his proper skills to promote a successful return to work. The patient mentioned that he had his job to return to. Given that he was at a sedentary PDL a return to work to his previous employer might not be feasible. We do plan on coming up with an alternative vocational plan given that a PDL of light to medium might be more realistic. Given that his previous vocational history had been a driver we would encourage him look for jobs within a lighter PDL as a driver and explore other possibilities. XX had evaluated the patient and noted that he was an appropriate candidate for progression to a chronic pain program. Based upon available records, prescription from his referring doctor, information gathered across assessment periods, and limited response to low-level treatment, the patient was a suitable candidate for a tertiary level of care. Conservative care had not been sufficiently intensive to help this patient increase his physical functioning capacity or reduce psychological distress. He requires a daily, intensive, team-oriented program that would stabilize active symptoms on a long-term basis and assist him with return to work options. He meets the following criteria, which are among those considered appropriate benchmarks for referral to a multidisciplinary Chronic Pain Management Program.

On XX/XX/XX, XX performed a reconsideration review and upheld the denial with the following rationale: *"ODG Guidelines state that If a program Is planned for a patient that has been continuously disabled for greater than 24 months, the outcomes for the necessity of use should be clearly identified, as there is conflicting evidence that chronic pain programs provide return-to-work beyond this period. Whereas the treating provider indicated that the claimant wants to return to work and wants a more realistic vocational plan if he does not achieve the required PDL, no specific vocational plan was provided. Therefore, there is no indication that the claimant would benefit from a chronic pain program. I concur with the previous determination indicating that there is no clear clinical indication that this individual has any significant return to work capabilities. This request is not certified and does not meet guideline criteria.*"

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

ODG clearly states "There is little research as to the success of return to work with functional restoration programs in long-term disabled patients (> 24 months)" and his injury occurred xxxxxxx. This individual has undergone a plethora of treatments of which many of the modalities are the same as that of functional restoration program. In addition, "the treating provider indicated that the claimant wants to return to work and wants a more realistic vocational plan if he does not achieve the required PDL, no specific vocational plan was provided". Therefore, the decision should be upheld, in my opinion.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES