

# Clear Resolutions Inc.

An Independent Review Organization

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**DATE NOTICE SENT TO ALL PARTIES:** Mar/08/2016

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Chronic pain management program x (80 Hrs)

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** MD Board Certified Internal 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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is the opinion of the reviewer that the request for chronic pain management program x (80 Hrs) is not recommended as medically necessary

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a female whose date of injury is XX/XX/XX. The patient was involved in a motor vehicle accident on this date. Treatment to date includes individual psychotherapy x 4, physical therapy x 11, epidural steroid injections and she reportedly failed an 80 hour trial of a work hardening program. Psychological testing and assessment report dated XX/XX/XX indicates that BDI was 35 and BAI was 41. MMPI produced a valid protocol. Evaluation for chronic pain management program dated XX/XX/XX indicates that FABQ-W is 40 and FABQ-PA is 10. BDI is 36 and BAI is 31. Diagnoses are somatic symptom disorder with predominant pain, major depressive disorder, single episode, severe without psychotic features; and anxiety disorder nos. PPE dated XX/XX/XX indicates that current PDL is light and required PDL is heavy. Request for 80 hours of chronic pain management program dated XX/XX/XX indicates that current medications are amitriptyline, Fluoxetine, gabapentin, glipizide, hydrochlorothiazide, hydrocodone-acetaminophen, and metformin. Follow up note dated XX/XX/XX indicates that she is having more trouble walking. She is having to use a scooter at the stores. She is requesting a handicap placard and a cane. She has been falling recently. Designated doctor evaluation dated XX/XX/XX indicates that the patient reached maximum medical improvement as of XX/XX/XX with 5% whole person impairment.

Initial request for 80 hours of chronic pain management program was non-certified on XX/XX/XX noting that there is a report that employer verification suggests a need to qualify for a heavy PDL. This is, however, in contradiction to the Dictionary of Occupational Titles for a jailer/extradition agent which is classified as light. The current goal of returning the patient to work is not guideline supported at XX years post-injury. The goal of opioid weaning does not require a multidisciplinary program. The patient reached her job duty requirements of her previous occupation per the DOT national standards and with no employer/employee contract/job offer, there is no clear medical necessity for basing a program on a heavy PDL return to work goal. Reenrollment in the same or similar program for the same diagnosis is not guidelines supported. Reconsideration request dated XX/XX/XX indicates that an extradition agent has other responsibilities than driving that require a heavy PDL. All the XX

she manages. She has to be able to physically restrain them if necessary and a typical adult weighs over 100 lbs. The denial was upheld on appeal dated XX/XX/XX noting that the updated documentation partially addressed the reasons for request denial. It was noted that the patient was functioning at a physical demand level that was below the required heavy PDL; however, the current goal of returning the patient to work was not guideline supported at 2 years post-injury. The goal of opioid weaning did not require a multidisciplinary program. The patient previously completed a work hardening program.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient sustained injuries as a result of a motor vehicle accident over XX years ago. The Official Disability Guidelines note that there is conflicting evidence that chronic pain programs provide return-to-work beyond XX years. The patient previously failed a work hardening trial in XXXX. The Official Disability Guidelines do not support re-enrollment in or repetition of the same or similar rehabilitation program and note that a chronic pain management program should not be used as a stepping stone upon completion of lesser intensive programs. There is no clear rationale provided to support another multidisciplinary program when the patient has previously failed such a program. The patient's required PDL is reportedly heavy. However, it is noted that the patient currently requires a cane for ambulation and uses a scooter at the store. Therefore, it is unclear if the patient will be able to participate fully in the program to maximize benefit and it is unlikely that the patient will reach the heavy physical demand level. As such, it is the opinion of the reviewer that the request for chronic pain management program x (80 Hrs) is not recommended as medically necessary and the prior denials are upheld.

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

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE

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)