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Date notice sent to all parties: 02/10/16

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten sessions of a chronic pain management program

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

Board Certified in Orthopedic Surgery

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.

Ten sessions of a chronic pain management program – Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

XX examined the patient on XX/XX/XX. He had pain throughout his entire spine rated at 8/10. He was injured when he stepped on some ice and water and fell backwards. Strength was 5/5 and his reflexes were normal. He received moist heat and electrical stimulation. Lumbar x-rays on XX/XX/XX revealed reduced disc height at L3-L4 and L4-L5 and hypertrophic changes of the lower lumbar spine. Cervical x-rays revealed demineralization of the bones and reduced disc height at C5-C6 and C6-C7. There was mild bilateral C5-C6 neural foraminal narrowing and mild right C6-C7 foraminal narrowing. XX reevaluated the patient on XX/XX/XX. He would continue working full duty and was referred for an MRI. Lumbar flexion was 80 degrees, extension was 20 degrees, left lateral flexion

was 15 degrees, and right lateral flexion was 15 degrees. DTRs were 2+ bilaterally. He received therapeutic exercises. A lumbar MRI was obtained on 07/07/15 and revealed posterior annular tears, left foraminal at L1-L2, and posterior central at L4-L5. L1-L2 and L2-L3 showed posterior protrusions-subligamentous disc herniations, which were right and left posterolateral-foraminal in location. At L3-L4, L4-L5, and L5-S1, there were broad based posterior protrusions-subligamentous disc herniations, which were central, right, and left posterolateral-foraminal in location. There was evidence of nerve root impingement on the right exiting L4 nerve root. There were also Schmorl's nodes along the inferior endplate of L3 and superior endplate of L5. The carrier filed a DWC PLN-11 on XX/XX/XX, noting the compensable injury was limited to a lumbar sprain/strain. It was felt the lumbar MRI findings were not a direct result of the XX/XX/XX injury. XX performed an EMG/NCV study on XX/XX/XX that was abnormal. There was evidence of axonal degeneration in the right lower lumbar paraspinal muscles lateral to the L4-L5 bony levels. It was noted the precise nerve roots irritated could not be isolated given the normal EMG portion of the study in the right lower extremity. There was no left sided radiculopathy or evidence of polyneuropathy. XX performed a DDE on XX/XX/XX to determine Maximum Medical Improvement (MMI) and an impairment rating. His back pain was rated at 5-8/10, depending on the location, and he was using Ibuprofen. The lumbar MRI was reviewed, as well as the EMG/NCV study. He ambulated without a limp. Cervical flexion was 60 degrees, extension was 40 degrees, right lateral flexion was 45 degrees, left lateral flexion was 40 degrees, and bilateral rotation was 45 degrees. DTRs were 2+ in the bilateral lower extremities and strength was normal. Lumbar flexion was 40 degrees, extension was 15 degrees, left lateral flexion was 22 degrees, and right lateral flexion was 20 degrees. Lower extremity DTRs were 2+ and strength was normal. The diagnoses were cervical, thoracic, and lumbar sprains/strains. The patient was placed at MMI as of 09/14/15 with a 5% whole person impairment rating. On XX/XX/XX, the patient received electrical stimulation and moist heat from XX and then on XX/XX/XX, he underwent an FCE. This indicated the PDL he was functioning in was not specified, but it was noted he could not be performed at the medium PDL as required. He was noted to have apparent depression and anxiety and was also deconditioned. A chronic pain management program was recommended. An unknown provider (no name or signature) provided a request for 10 sessions of a chronic pain management program from Healthtrust. He had negative thoughts, symptoms of depression and anxiety, etc. It appeared he attended psychotherapy with minimal to no benefit. His BAI score was 11, which was mild, and his BDI score was 8, which was within the minimal range. It was felt the patient met the ODG criteria for a chronic pain management program. On XX/XX/XX, X provided a preauthorization request for 10 sessions of a chronic pain management program, which XX provided a non-authorization for on XX/XX/XX. On XX/XX/XX, a reconsideration request was provided for the 10 sessions of the chronic pain management program. On XX/XX/XX, XX provided another adverse determination for the requested 10 sessions of a chronic pain management

program. On XX/XX/XX, the patient informed XX he had mild levels of pain and discomfort. He was kept on modified duty through XX/XX/XX.

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

It should be noted per the DDE that was performed, the patient was placed at MMI with a 5% whole person impairment rating. He had normal reflexes and motor function. He had no evidence of atrophy. There were little to no objective findings in this examination to support the necessity of a chronic pain management program. Furthermore, the patient has already participated in a tertiary pain program. He has made minimal progress with any prior treatment he has been provided. He has had minimal progress with his primary psychotherapy. He has undergone a work conditioning program, as well as physical therapy, and again has made little to no improvement. Based on his lack of improvement, there is little expectation that 10 sessions of participation in a chronic pain management program would change his condition or improve his functional status. The ODG does not endorse the ongoing use of a tertiary program when a patient has failed to improve from a prior/similar program. Therefore, the requested 10 sessions of a chronic pain management program is not medically necessary or appropriate and the previous adverse determinations should be 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
- 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)