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IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic Pain Program ten sessions – 80 units three times a week

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

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

X 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.

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a XXXX who was injured on XXXX. The patient was on a XXXX.

On XXXX, XXXX performed a Designated Doctor Examination (DDE). The diagnoses were lumbar sprain/strain, right knee contusion and left knee meniscus tear. For the carrier accepted injury of lumbar sprain/strain and the right knee contusion, XXXX assessed maximum medical improvement (MMI) as of XXXX, and assigned 0% whole person impairment (WPI) rating. For DD accepted injuries of lumbar sprain/strain, right knee contusion and left knee meniscus tear, XXXX felt that the patient had not reached MMI and the anticipated date of MMI was XXXX. For the carrier accepted injury plus all disputed injuries, XXXX felt that the patient had not reached MMI and the anticipated MMI date was XXXX. XXXX opined that the mechanism of injury did not cause the injury in question in box 42c. It was not a substantial factor in bringing about the additional claimed injury or condition in box 42C (disc herniations at levels L2-L3, L3-L4, L4-L5, L5-S1 and facet arthropathy at L2-S1 level). Specifically, it did not extend to include disc herniations at levels L2-L3, L3-L4, L4-L5, L5-S1 and facet arthropathy at L2-S1 level. The mechanism of injury did cause the injury of the left knee medial meniscus tear.

From XXXX, through XXXX, the patient attended work hardening program at (WHP) XXXX for the left knee medial meniscus tear.

On XXXX, a functional capacity evaluation (FCE) was completed at XXXX. The patient

qualified at Medium unrestricted physical demand category (PDC) versus the Medium-Heavy PDC required for XXXX job. XXXX demonstrated the ability of lifting/carrying 50 pounds occasionally and 30 pounds frequently. XXXX deficits included: 1) Decreased prolonged standing/walking tolerance to tolerate a full 8-10 hour workday secondary to left lower extremity (LE) muscular fatigue; 2) Decreased cardiovascular endurance to tolerate repetitive activities of the LEs, especially fast-paced walking; 3) Decreased balance/proprioception in the left knee; 4) Demonstrated LE endurance at the 25th percentile according to XXXX age and gender; 5) Decreased overall muscular endurance and general deconditioning from loss of function; 6) Noted psychological barriers to return to work including guarded behavior regarding the injury, moderate perception of disability, mild-moderate anxiety, mild-moderate depression and moderate pain symptoms. It was felt that the patient would benefit from final 80 hours of WHP.

On XXXX, a Psychological/Behavioral Health Assessment was completed. The perception of disability score was 21, the depression score was 18, the anxiety score was 18, the interpersonal score was 11, substance abuse score was 11, pain symptom score was 20, suicidal thinking score was 1, and the homicidal thinking score was 1.

On XXXX, a preauthorization request for 80 final hours of WHP was documented.

On XXXX, XXXX, evaluated the patient in follow-up for lumbar sprain/strain. The pain level was 4/10 that increased to 6/10 with bending, declining sensation into the left lower extremity. XXXX had not had PT for XXXX lumbar spine. XXXX reported trouble sleeping due to pain. The diagnosis was lumbar sprain/strain. XXXX ordered PT and advised following up after PT for consideration of injections. A prescription for Mobic was documented.

On XXXX, XXXX, evaluated the patient for the lumbar spine pain. XXXX was awaiting approval for a PT and an intra-articular injection. On exam, the left knee demonstrated limited ROM in all planes with pain. The lumbar spine had left-sided muscle spasms. The flexion, extension, thoracolumbar side bending, and thoracolumbar rotation were painful. The pain radiated to the left posterior leg. XXXX diagnosed lumbar disc herniation, radiculopathy of the leg and status post left knee arthroscopy. Ketorolac injection was administered, and gabapentin and metaxalone were prescribed.

On XXXX, the patient reported 5/10 pain. The pain was constant in nature. XXXX was awaiting approval for the left knee injection. XXXX noted that the patient was approximately 50% of the way toward meeting the physical requirements of XXXX job. Gabapentin and metaxalone were continued. Toradol injection was administered since XXXX was in severe pain.

On XXXX, XXXX noted that the patient had only got two sessions of therapy left, but XXXX pain was still not better or worse. XXXX was unable to walk or sit for any period of time. The plan was to perform a left-sided L5-S1 epidural steroid injection (ESI). Since the patient was not sleeping well, XXXX added Cymbalta to XXXX Mobic.

On XXXX, XXXX noted that the diagnostic lumbar epidural steroid injection (ESI) was denied. The patient stated that the Mobic and Cymbalta had helped a little bit with XXXX back and knee pain but did not help XXXX for sleep. XXXX still complained of low back pain radiating into the left lower extremity. XXXX recommended appealing the denial of the injection and ordered an FCE and a psychological evaluation for consideration of chronic pain program.

On XXXX, XXXX reevaluated the patient in a follow-up visit. The patient presented with 4/10 pain. The pain was throbbing in nature. The patient had seen XXXX for the knee and received an intra-articular knee injection, but XXXX was feeling the same. The examination was essentially unchanged. XXXX continued to prescribe gabapentin and metaxalone.

On XXXX, XXXX, evaluated the patient in a follow-up visit. The patient reported worsening left knee pain and swelling since beginning XXXX WHP. XXXX stated that XXXX left knee still bothered XXXX with increased pain with increased activities. XXXX had finished XXXX Celebrex and noted increased swelling. XXXX desired to continue with conservative treatments to the left knee. The patient had previously undergone left knee arthroscopic partial medial meniscectomy and left k knee arthroscopic tricompartment synovectomy on XXXX. XXXX current pain level was 6/10. The left knee exam revealed trace effusion. XXXX ROM was 0-120 degrees with pain with flexion. The right knee ROM was 0-135 degrees. XXXX had some mild medial joint line tenderness. XXXX had palpable osteophytes medially. XXXX had some continued mild quad atrophy compared to the contralateral side. XXXX had a mildly antalgic gait. XXXX diagnosed worsening left knee pain and recommended continuing with Supartz series injections to the left knee. XXXX administered second Supartz injection intra-articularly.

On XXXX, XXXX administered an ESI at L5-S1 level.

An FCE was completed on XXXX, at XXXX. The patient demonstrated the ability to perform within the LIGHT Physical Demand Category (PDC). XXXX was presently able to work part-time for up to 5 hours and 17 minutes per day while taking into account XXXX need to alternate sitting and standing. XXXX lifted 20 pounds to below waist height, 22 pounds to shoulder height and 22 pounds overhead. XXXX carried 17 pounds. XXXX pulled 20 horizontal force pounds and pushed 20 horizontal force pounds respectively. Non-material handling testing indicated the patient demonstrated an occasional tolerance for bending, fine coordination, sitting, standing and twisting. XXXX demonstrated the ability to perform with frequent tolerance above shoulder reach, forward reaching, firm grasping, pinching and simple grasping on a constant basis. XXXX was recommended to avoid within a competitive work environment dynamic balance, static balance, crawling, sustained kneeling, squatting, stair climbing and walking.

On XXXX, XXXX reevaluated the patient in a follow-up visit. The patient reported slight improvement in XXXX left knee pain and swelling. XXXX stated that the cortisone injection given to XXXX in XXXX did help some; however, it seemed to be wearing off. XXXX stated the Celebrex was helpful. XXXX had undergone the ESI and had improved left leg radiculopathy. XXXX stated the Supartz injections had helped some and desired to continue with the third Supartz injection. XXXX administered the third Supartz injection intra-articularly in the left knee. XXXX was prescribed tramadol and was advised to continue the pain medication as needed.

On XXXX, XXXX reevaluated the patient in a follow-up visit at XXXX. The patient reported a pressure pain that ran into XXXX left knee. XXXX reported pain with walking or bending down. Every time the patient walked, XXXX felt as if something in XXXX back was moving. The pain level was 4/10. XXXX refilled gabapentin and referred the patient for an impairment rating.

On XXXX, a Behavioral Evaluation was completed by XXXX. The Beck Depression Inventory

II (BDI-II) score was 5, the Beck Anxiety Inventory (BAI) score was 9, the Screener and Opioid Assessment for Patients in Pain – Revised (SOAPP-R) score was 4, the Fear-Avoidance Beliefs Questionnaire (FABQ) was 24/42 in work scale and 3/24 in activity scale. The mental status examination revealed a moderate problem with attention span and distractibility. XXXX had a very mild problem with frustration tolerance. The mood was depressed, and the affect appeared congruent to mood. The recommendation included participation in ten trial sessions of behavioral multidisciplinary chronic pain management program. It was stated that the pain resulting from XXXX injury has severely impacted normal functioning physically and interpersonally. The patient reported frustration and anger related to the pain and pain behavior, in addition to decreased ability to manage pain. The pain had reported high stress resulting in all major life areas. The patient would benefit from a course of pain management. It would improve XXXX ability to cope with pain, anxiety, frustration, and stressors, which appeared to be impacting XXXX daily functioning. These intensive services would address the current problems of coping, adjusting, and returning to a higher level of functioning as possible.

On XXXX, a preauthorization request for 10 sessions/80 units of chronic pain program was submitted by XXXX.

On XXXX, XXXX, performed a utilization review and denied the request for 80 hours of Chronic Pain Management Program between XXXX and XXXX. Rationale: *"Per evidence-based guidelines, chronic pain management program is recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in "Delayed recovery." Per Functional Capacity Evaluation Re-assessment dated* XXXX*, the patient's required physical demand level (PDL) was medium-heavy which showed 80 pounds occasionally and 50 pounds frequently. Per Functional Capacity Evaluation Summary dated* XXXX*, the patient demonstrated the ability to perform within the light physical demand level (PDL). However, the patient's psychological evaluation showed a mild level of anxiety and within the minimal range of depression. Thus, the request is not supported."*

On XXXX, a preauthorization request for 10 sessions/80 units of chronic pain program was submitted by XXXX.

On XXXX, XXXX /XXXX appealed the denial. It was stated that the patient met (1), (2), (3), (6), (7), (8), (9), (10), (11), (12), and (13) in ODG. It was also stated that looking at culture sensitivity, the majority – research suggests – that XX readily, but in the interview, the patient discussed symptoms when asked each one. The patient also reported social avoidance during the interview which was also in the Behavioral Evaluation. The patient also completed a Work Conditioning Program which XXXX next level of care would be the Chronic Pain Management Program due to XXXX continued pain reports.

On XXXX, XXXX performed a reconsideration and upheld the denial. Rationale: *"The current request is for 80 hours of chronic pain management program. Per evidence-based guidelines, chronic pain management program (CPMP) is recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in '"delayed recovery." In this case, the patient demonstrated a light physical demand level (PDL) which failed to meet XXXX job requirement of a medium-heavy work category. The patient showed minimal psychosocial barriers with the*

presence of fear-avoidance as evidenced by Beck Depression Inventory (BDI-II) score of 5, Beck Anxiety Inventory (BAI) score of 9, Fear-Avoidance Beliefs Questionnaire Physical Activity (FABQ-PA) score was 3/24, and FABQ-Work score of 24/42. Although the patient failed to meet XXXX job requirement at a medium-heavy PDL, the psychosocial barriers for depression and anxiety still under a minimal category. The guideline indicated that chronic pain management program is used when there is a need for more intense psychological treatment like cases with moderate to severe psychological barriers. As such, the request is still not medically supported."

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

The request is for 80 hours of chronic pain management program and based on the medical records and evidence-based guidelines, chronic pain management program (CPMP) is recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system) and for patients with conditions that have resulted in "'delayed recovery". The patient demonstrated a light physical demand level (PDL) and earlier, but post injury, met medium physical demand level which failed to meet XXXX job requirement of a medium-heavy work category. The patient showed minimal psychosocial barriers with the presence of fear-avoidance as evidenced by Beck Depression Inventory (BDI-II) score of 5, Beck Anxiety Inventory (BAI) score of 9, Fear-Avoidance Beliefs Questionnaire Physical Activity (FABQ-PA) score was 3/24, and FABQ-Work score of 24/42. The psychosocial barriers for depression and anxiety are still under a minimal category. The guideline indicated that chronic pain management program is used when there is a need for more intense psychological treatment like cases with moderate to severe psychological barriers. In addition, the only medications mentioned were tramadol and Celebrex, which are minimal. Therefore, a chronic pain management program is not approved.

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