



DATE OF REVIEW: 01/30/18

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Multi-Disiplinary Chronic Outpatient Pain Management Program 5 Days a Week for 2 weeks, Total of 80 hours.

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

Licensed Psychologist

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.

Multi-Disiplinary Chronic Outpatient Pain Management Program 5 Days a Week for 2 weeks, Total of 80 hours.- Overturned

PATIENT CLINICAL HISTORY [SUMMARY]:

XXXX participated in prior 80 hours of a Work Hardening Program. There was some questioning if XX had benefited or not from this program. An additional 80 hours of Work Hardening has been recommended.

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

The failure in a secondary level of care clearly does not preclude participation in a tertiary level program. Some misunderstanding in the field tends to blend together Work Hardening Program and the Chronic Pain Program.

These are two separate programs and the evaluation and assessments for entrance in them are significantly different.

“(13) ... A chronic pain program should not be considered a “stepping stone” after less intensive programs, but prior participation in a work conditioning or work hardening

program does not preclude an opportunity for entering a chronic pain program if otherwise indicated.” [ODG Pain Chapter, Chronic pain programs (functional restoration programs)]

Work Hardening is considered a secondary level of care because it is a “Return-to-Work” type of program; it still focuses in the “cure” or in getting rid of the causes of the impediment targeting a full return to work. However, the Chronic Pain Program focuses on highest level of functioning, regardless of the “cure” or if there still are active symptoms. This program focuses in psychoeducational techniques to capacitate the patient to live his/her life WITH the “chronic” condition of pain. It should be a time to equip the client with the necessary skills for a better quality of life despite of the chronic condition.

XXXX having failed the Work hardening program is actually supportive that XX is in a “chronic” condition and in a situation of “delayed recovery which indicates XX might never return to work. At risk of delayed recovery is “the point when the case has already become an outlier and is at risk of never returning to functionality.” [ODG, Pain Chapter, Delayed recovery]. See also admittance to a CPM program criterium #2 “(b) Secondary physical deconditioning due to disuse and/or fear-avoidance of physical activity due to pain; ... (d) Failure to restore preinjury function after a period of disability such that the physical capacity is insufficient to pursue work, family, or recreational needs”. [ODG Pain Chapter]

Additionally, issued of causation, compensability of relatedness are not to be considered when reviewing the case for “medical necessity”.

TDI/DWC Rule 134.600 (g) states: “A *health care provider may submit a request for health care to treat an injury or diagnosis that is not accepted by the insurance carrier in accordance with Labor Code 408.0042*”. It goes on to make it clear on TDI/DWC Rule 134.600 (h) that “*the insurance carrier shall approve or deny requests based solely upon medical necessity... **regardless** of 1) unresolved issues of compensability, extent of or relatedness to the compensable injury; 2) *the insurance carrier’s liability for the injury*; or 3) *the fact that the injured employee has reached maximum medial improvement*”.*

Regarding her vocational conditional, for the Chronic Pain Management Program it is not necessary that the patient be employed or have a job to return to at the time of the entrance into the program. [ODG Pain Chapter: CPM Criterium #3“d) An evaluation of social and vocational issues that require assessment.”].

XXXX a completed low level of care in the form of diagnostics, physical therapy, injections, surgery and individual psychotherapy. XX also has participated in an initial 80 hours in the Work Hardening Program. There is not invasive treatment planned. Therefore, the previous denials on this current case are changed to an approval for medical necessity. Certification is recommended.

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

MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES