Applied Independent Review

An Independent Review Organization

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Notice of Independent Review Decision

Amended Date: **07/26/2018**

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Pm&r And Pain Medicine

Description of the service or services in dispute:

Chronic Pain Program--XX

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)

Patient Clinical History (Summary)

This case involves a now XX with a history of an occupational claim from XX. The patient was injured as a result of putting XX XX, when XX hit XX right elbow on a lower shelf. XX was diagnosed with chronic pain, lesion of the ulnar nerve of the right upper limb, and other specified post-procedural states. Prior treatment included medications, activity modifications, physical therapy, and multiple surgeries. According to the patient's functional capacity evaluation on XX, the patient was able to perform within the light physical demand category. XX was able to lift XX to below waist height. XX pushing abilities revealed XX of horizontal force. According to the available documentation, the patient had been previously recommended for a chronic pain program multiple times, although the request had been denied as there were minimal functional deficits to be addressed in an intensive program. The provider submitted appeal letter dated XX indicating that the patient was recommended for a chronic pain program in order to wean off of medication. Furthermore, the provider noted that the patient was unable to perform XX required job duties. An addendum to the functional capacity evaluation on XX indicated that the patient performed in the sedentary physical demand category, and the light classification was generated as an error. The request was then denied again as the injury was XX, and there was unclear rationale for the necessity of such an intensive program.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

Regarding the requested chronic pain management program, the Official Disability Guidelines indicate that multidisciplinary treatment is recommended for patients who have failed to respond to multiple other therapeutic modalities, and who present with significant functional deficits during participation in job duties. In this case, the request had been previously denied as the patient was noted to be working XX regular job duties, and there was no indication that lower levels of care would be ineffective. Although the request was submitted for an appeal, there was still no additional documentation or exceptional factors noted to support the necessity of a multidisciplinary, chronic pain program outside of guideline recommendations for treatment. Also, as previously noted, the patient's most recent surgical procedure was over XX ago, and there was no indication of a recent course of lower-level therapeutic treatment to support the necessity of intensive, multidisciplinary treatment. Guidelines indicate that there is conflicting evidence that chronic pain programs provide benefit beyond XX of injury. Therefore, Chronic Pain Program XX remains not medically necessary, and the prior determination is upheld.

Case Amended

Added statement "not medically necessary"

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- ☐ AHRQ-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and Guidelines
- ☐ European Guidelines for Management of Chronic Low Back Pain
- ☐ Interqual Criteria
- ☑ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☑ Milliman Care Guidelines Disability Guidelines and Treatment Guidelines
- ☐ Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- ☐ Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)