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DATE: 5/25/18

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
10 Additional Sessions of Chronic Pain Program

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
The reviewer specializes in Physical Medicine and Rehabilitation and has over 25 years of experience.

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

☒ 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]:
XXXX: Office Visit with XXXX. Pt XXXX and had low back pain on XXXX. Pt has difficulty sitting, standing, walking, discomfort with motion, LROM, numbness, pain, pain radiating to hip and leg, tingling. Other treatments include TENS unit, stretching. PT was done XXXX, which did not help XXXX pain. Meds include XX and XX. Lumbar ESI x1, only lasted 1 week. Low back pain right more than left. Pain radiates down the posterolateral aspect of XXXX right leg with sharp shooting pain, numbness and tingling. XXXX has not worked since XXXX. XXXX is a XXXX, which required lifting, pulling, pushing, squatting, kneeling and data entry. XXXX rates XXXX pain as severe. Bilateral lower lumbar tenderness and spasm at L5-S1. ROM- forward flexion: 50 degrees. Hyperextension: 15 degrees. Right Lateral Bend: 15 degrees. Left lateral Bend: 15 degrees. Right and Left Lying Leg Raise: Positive. Right and Left Babinski: down going. Bilateral Sitting Straight Leg raise: Positive. Bilateral Toe Walking: Abnormal. Heel Walking: Bilaterally Abnormal. Antalgic Gait. Strength: Left Plantar Flexion: 4+/5. Sensation to pin: decreased bilaterally S-1. Light Touch: Decreased bilaterally LE. Deep Tendon Reflex: Bilateral Knee: 2+. Bilateral Ankle: 1+. MRI shows disc herniation at L5-S1 with impingement of the S1 nerve roots bilaterally, worse on right side. XXXX has been managing XXXX symptoms for 2 years with progression of symptoms despite extensive conservative care, including medications, therapy and injections. Clinically XXXX has evidence of radiculopathy secondary to XXXX disc herniation. I feel XXXX would benefit from operative treatment. I recommend right L5-S1 micro discectomy. DX: Lumbar Disc Herniation, L5-S1.

XXXX: Daily Note from Physical Therapy. Pin is 7/10 at best and 10/10 at worst. Currently 7/10. Pt has had PT. injections were done in XXXX followed by more PT. Patient continued to experience back pain with radicular sx into B legs-weakness and pain. Pt's legs would give out and XXXX reports irritation with bowel movements. Pt underwent L5/S1 micro discectomy with laminectomy XXXX. ODI Scoring- 68%FABQ Scoring- Physical Activity Score: 24.00 Work Score: 42.00. Goal is to return to workforce. Muscle Testing: Hip Abduction: Left-4/5, Right-4/5. Hip extension (unable to lift)-0/5.

Hip Flexion: +4/5 Bilaterally. Knee Extension- 4/5 Bilaterally. Knee Flexion-+4/5. Ankle Dorsiflexion: 5/5 Bilaterally. Ankle Plantarflexion: 5/5 Bilaterally. Forward trunk lean in standing. ROM: Extension-5 degrees. Flexion- 45 degrees. Rotation Left- 10 degrees. Rotation Right-15 degrees. Side Bend Left- 10 degrees. Side Bend Right-20 degrees. Pt tolerated with mild complaints of pain.

XXXX: Psychological Evaluation by XXXX. BDI Score: 31 indicating severe depression. BAI Score: 8 indicating mild anxiety. Oswestry Index: 50/10 indicating the patient is in the severe disabled range. FABQ: 18/24 indicating a severe level of fear and avoidance about work activities. BPI: 49 Indicating pain impinges with activities of daily living on a severe level. SOAPP-R: Indicating no risk of aberrant medication based behavior. Sleep (current): 5-6 hours per 24 hour period. Pain level (VAS): Best: 5/10. Worst: 10/10. Average: 7/10. Current Medication: XX, XX. The data collected from the clinical interview and evaluation indicate that participation in a minimum of trial sessions in an interdisciplinary pain management program to return to as close to pre-morbid life as possible is indicated. After reviewing medical records, I believe that the most effective form of treatment for this patient is an interdisciplinary pain management program. There is a need to address the depressive and anxious symptoms associated with XXXX medical condition. Individual psychotherapy sessions will be an integral part of treatment in the program as these symptoms have been identified as negative predictors of outcome success in such programs; however, ODG do not suggest nor does it require that individual psychotherapy sessions should be completed prior to beginning an interdisciplinary program. Stress management skills to identify stressors and incorporate stress management techniques to remove focus from pain need to be taught. The pain resulting from XXXX injury has severely impacted XXXX normal functioning-physically and interpersonally. XXXX has reported high stress resulting from XXXX injury and concomitant pain in all major life areas. XXXX will benefit from a course of pain management. It will improve XXXX ability to cope with pain, anxiety, frustration and stressors, which are impacting XXXX daily functioning.

XXXX: Functional Abilities Evaluation. Results reveal that XXXX is unable to safely and dependably return to the usual and customary duties of a XXXX with XXXX per the job analysis provided by the patient and/or employee. Overall, the patient demonstrated the ability to safely and dependably perform at a sedentary physical demand level, which fails to meet the minimum job requirements for the above named job and employer. XXXX occupation requires that XXXX perform at a Medium PDL per the job description provided by the patient and/or employer. The critical demands of XXXX occupation are as follows: 1) Ability to lift/carry at a Medium PDL. 2) Ability to push/pull at a Medium PDL. 3) Constantly stand/walk. 4) Frequently bend/stoop. The results of the FCE on this date reveals that XXXX is able to safely and dependably perform the following: 1) Ability to lift/carry at Sedentary PDL (unable to lift from floor to knuckle, unable to lift from floor to shoulder, 15lbs from knuckle to shoulder, 10lbs from knuckle to overhead, carry 15lbs). 2) Ability to push/pull at a Light PDL. 3) Frequently stand/walk. 4) Occasionally bend/stoop with significant difficulty. Based upon the available information, to a reasonable degree of medical certainty, there is a probable causal relationship between the current complaint and reported work-related injury. XXXX passed the validity criteria, giving XXXX a good validity profile, which indicated the patient demonstrated maximal effort. Furthermore, the results can be considered valid and reliable and can be used for medical and vocational planning. Returning the patient to a physical demand level which is higher than demonstrated in Functional testing places the pt at a high risk category for re-injury and/or exacerbation. It is my opinion that XXXX would benefit from further medical intervention and would be a good candidate for a Comprehensive Work Hardening Program to address the deficiencies identified in this report and expedite the patient's Full Duty Return to Work.

XXXX: Physical Therapy Note. Pt states XXXX pain now travels from XXXX low back up to XXXX thoracic spine, especially when XXXX sits. XXXX is only comfortable when XXXX is laying supine or on an incline. XXXX pain is constant and XXXX feels very weak. XXXX states the pool exercise

does help decrease XXXX pain and XXXX wants to continue doing it on a regular basis to help regain functional strength and decrease XXXX pain.

XXXX; Follow-Up Visit with XXXX. XXXX symptoms continue to worsen. XXXX has low back pain radiating to the bilateral lower extremities and upper back. XXXX had to go to the ER where a CT scan was performed. XXXX is on XX, which provides little relief. CT scan shows s/op laminectomy at L-S with disc space narrowing and a disc bulge resulting in mild stenosis. XXXX symptoms continue to progress. XXXX pain is worsening despite conservative care. XXXX has not started PT as of yet. Due to progression of symptoms, I recommend MRI of lumbar spine with and without contrast to determine if there is recurrence of neural compression. XX prescribed today for pain control, as the XX is not helping.

XXXX: MRI Lumbar Spine. Impression- Unchanged 3 mm L5-S1 central disc protrusion that mildly narrows the spinal canal but does not indent the thecal sac. Minimal bilateral L5-S1 foraminal narrowing. No facet arthopathy.

XXXX: Psychological Evaluation by XXXX. On the Beck Depression Index-II, XXXX endorsed items, which totaled a numerical score of 31, indicating severe depression. XXXX endorsed symptoms of: failure, loss of pleasure, punishment, self-dislike, self-criticalness, crying, agitation, loss of interest, indecisiveness, loss of energy, sleep disturbances, irritability, changes in appetite, difficulty concentrating, fatigue, and loss of sexual interest. The test was re-administered on XXXX and the results totaled a numerical score of 30, indicating a decrease in depression symptoms, demonstrating some of the benefits the program has provided XXXX. On the Beck Anxiety Index, XXXX endorsed items, which totaled a numerical score of 8, indicating mild anxiety. XXXX reported feelings of: numbness/tingling, inability to relax, fear of the worst happening and indigestion. The test was re-administered on XXXX and the results totaled a numerical score of 20, indicating an increase in anxiety symptoms. The increased score could be attributed to the increased home life stressors XXXX is currently experiencing. During XXXX treatment in the program, XXXX participated in brief, individual psychotherapy to help XXXX process these stressors and learn effective coping skills for stress management. Additional program sessions would provide XXXX with the opportunity to continue to work on decreasing XXXX psychosocial symptoms. On the Onswestry Disability Index, XXXX endorsed items which totaled a numerical score of 50/100. This score places XXXX in the severe disability range. On test re-administration, results totaled a score of 46, indicating a decrease in pain symptoms, demonstrating some of the progress XXXX has been able to make. On Fear Avoidance Beliefs Questionnaire, XXXX totaled a score of 18/24 on the physical activity component of the index. On the work component of the questionnaire, score resulted 39/42. Test re-administration on XXXX resulted in 16/24 on physical activity component of the index and 34/45 on the work component of the index, indicating a decrease in score on both measures, demonstrating some of the improvements. On the Brief Pain Inventory Short Form, XXXX reported that in the last 24 hours, XXXX pain has been an 8 out of 10 at its best, a 9 out of 10 at its worst and an 8 out of 10 on average. XXXX totaled score was 49, indicating that pain interferes with activities of XXXX daily life on a severe level. Test re-administration on XXXX indicates a score of 43, indicating a decrease in pain symptoms, demonstrating some of the benefits the program has provided. It is recommended that XXXX receive 10 additional sessions of treatment in an interdisciplinary pain management program, 8 hours a day, 5 days a week, for 2 weeks.

XXXX: Ur by XXXX. Rationale- Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. There was limited improvement in psychological barriers as noted in the increase in BAI scores from 8 to 20 and BDI score of 30 from 31. Furthermore, there were no changes in the level of ODI score, FABQ-WA, and BPI scale which were all still under the severe range. Objective efficacy of care was not established.

XXXX: UR by XXXX. Rationale- Non-certified due to no evidence of improvement of the BDI and BAI scores.

XXXX. Reconsideration Letter. XXXX scores did change. XXXX ODI score decreased from 50 to 46, XXXX FABQ physical activity score decreased from 18 to 16, XXXX FABQ work activity score decreased from 39 to 34, and XXXX BPI score decreased from 49 to 43. Although the scores are still in the severe range, they did decrease and they are moving in a positive direction, closer to the moderate range.

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

The previous adverse decisions are upheld.

There is no demonstration of significant subjective and objective gains after an unspecified number of sessions/hours over 4 months. There is documentation of no improvement in pain scores.
There is documentation of only minimal improvement in psychometric scores for depression, and significant increase in scores for anxiety. There is documentation of only minimal improvement in fear avoidance scores for physical activity and work. There is no documentation of improvement in physical/functional abilities. There is no documentation of decrease in analgesic medication use. There is no documentation of functional goals/plan including return to work. Therefore, the request for an additional 10 sessions of a Chronic Pain Management Program is considered not medically necessary.

PER ODG…..
XX

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)**