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06/18/18

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:

X 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]:
An MRI of the right ankle on XXXX revealed a partial tear of the distal end of the spring ligament and tenosynovitis of the tendons of the medial compartment. An MRI of the right knee that day revealed a joint effusion and deep infrapatellar bursitis, mild. There was mild chondromalacia along the weightbearing portion of the medial femoral condyle noted. An unknown provider, presumably XXXX, examined the patient on XXXX. XXXX had right ankle pain, bilateral knee pain, and bilateral hand/wrist pain rated at 6/10. XXXX was dispensed XXXX and XXXX also had cervical, thoracic, and lumbar spine pain rated at 6/10. The patient then attended individual therapy sessions at XXXX on XXXX at which time XXXX pain level was still 6/10. A request for services was submitted on XXXX. It was noted the patient had completed 4 psychotherapy sessions, but made minimal progress. Ten sessions of a chronic pain management program were recommended at that time. XXXX scored a 24 on BDI testing, which indicated moderate depressive symptoms and scored a 21 following the 4 sessions of individual therapy. On BAI testing, XXXX scored 45 before the 4 sessions and 37 after. The Official Disability Guidelines (ODG) criteria for a chronic pain management program were listed. The patient then underwent an FCE on XXXX. XXXX was felt XXXX put forth good effort and there were no inconsistencies. The patient was currently functioning in the sedentary/light PDL and XXXX previous employment required the very heavy PDL. On XXXX, a letter of medical necessity and request for 10

sessions of a chronic pain management program were submitted by XXXX. On XXXX provided a notice of adverse determination for the requested 10 sessions of a chronic pain management program. On XXXX submitted a reconsideration request for the 10 sessions of a chronic pain management program, which XXXX provided a non-authorization for on XXXX.

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

The patient is a XXXX who reportedly sustained a work-related injury on XXXX. The first medical reviewed is dated XXXX and are MRI scans of the right ankle and right knee. The initial physical findings at the time of injury and subsequent treatment are not available. The right ankle MRI scan, which is five months status post injury, showed findings consistent with at most a prior ankle sprain. The right knee MRI scan is only significant for degenerative cartilage changes of the medial femoral condyle. The patient is noted to have multiple complaints to include right ankle, bilateral knees, and bilateral wrists and hands and reports a pain level of 6/10 in all regions. The pain is clearly out of proportion to the documented physical findings. In addition, it is later noted in one of the reviews that the patient was placed at MMI on XXXX. The patient then completed at least six individual sessions of psychotherapy with little objective evidence of clinical improvement and it is annotated in the request for the chronic pain management program. The request was non-certified by XXXX. On XXXX. XXXX non-certification was upheld on reconsideration/appeal by XXXX. Both reviews completed a peer-to-peer with XXXX and they cited the ODG as the basis of their opinions.

The ODG criteria for a chronic pain management program include the following. Outpatient pain rehabilitation programs may be considered medically necessary in the following circumstances:

1. The patient has chronic pain syndrome with evidence of loss of function that persists beyond three months and has evidence of three or more of the following:

a. Excessive dependence on healthcare providers, spouse, or family.
b. Secondary physical deconditioning due to disuse and/or fear avoidance of physical activity due to pain.
c. Withdrawal from social activities or normal contact with others including work, recreation, or other social contacts.
d. Failure to restore pre-injury function after a period of disability such that the physical capacity is inefficient to pursue work, family, or recreational needs.
e. Development of psychosocial sequelae that limits functional recovery after the initial incident including anxiety, fear avoidance, depression, sleep disorders, or nonorganic illness behaviors with a reasonable probability to respond to treatment intervention.
f. The diagnosis not primarily a personality disorder or psychological condition without a physical component.
g. There is evidence of continued use of prescriptive pain medication, particularly those that may resolve in tolerance, dependence, or abuse without evidence of improvement in pain or function.

2. Previous methods of treating chronic pain have been unsuccessful and there is absence of other options likely to result in significant clinical improvement.

3. An adequate and thorough multidisciplinary evaluation has been made. This should include pertinent, validated diagnostic testing that addresses the following:

a. A physical examination that rules out conditions that require treatment prior to initiating the program. All diagnostic procedures necessary to rule out treatable pathology, including imaging studies and invasive injections used for diagnosis, should be completed prior to considering a patient a candidate for a program. The exception is diagnostic procedures that were repeatedly requested and not authorized.

Although the primary emphasis is on work-related injury, underlying non work-related pathology that contributes to pain and decreased function may need to be addressed and treated by a primary care physician prior to or coincident to starting treatment.

b. Evidence of a screened evaluation should be provided when addiction is present or strongly suspected.
c. Psychological testing using to validate an instrument to identify pertinent areas that need to be addressed in the program including, but not limited to, mood disorder, sleep disorder, relationship dysfunction, distorted beliefs about pain and disability, coping skills, and/or locus of control regarding pain and medical care or diagnosis that would be better addressed using other treatment should be performed.
d. An evaluation of social and vocational issues that require assessment.

4. If the goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits (80 hours) may be implemented to assess whether surgery may be avoided.

5. If a primary reason for treatment in the program is addressing possible substance abuse issues, an evaluation with an addiction clinician may be indicated upon entering the program to establish the most appropriate treatment approach, pain program versus substance dependence program. This must address evaluation of drug abuse or diversion in prescribing drugs in a non-therapeutic manner. In this particular case, once drug abuse or diversion issues are addressed, a ten-day trial may help to establish diagnosis and determine if the patient is not better suited for treatment in a substance dependence program. Addiction consultation can be incorporated into the pain program. If there is an indication that substance dependence may be a problem, there should be evidence that the program has the capability to address the type of pathology prior to approval.

6. Once the evaluation is completed, a treatment plan should be presented with specifics of treatment of identified problems and outcomes that will be followed.

7. There should be documentation that the patient has motivation to change and is willing to change a medication regimen including decreasing or actually weaning substances known for dependence. There should be some documentation that the patient is aware that successful treatment may change compensation and other secondary gains. In questionable cases, an opportunity for a brief treatment trial may improve assessment of patient motivation and/or a willingness to decrease habituating medications.

8. Negative predictions of success as outlined above should be identified, and if present, the pre-program goals should indicate how these will be addressed.

9. If a program is planned for a patient that who has been continuously disabled for greater than 24 months, the outcomes for the necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period. These other desirable types of outcomes include decreasing post treatment care including medications, injections, and surgery. This cautionary statement should not preclude patients off-work for over two years from being admitted to a multidisciplinary pain management program with demonstrated positive outcomes in this population.

10. Treatment is not suggested for longer than two weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. Note patients may get worse before they get better. For example, objective gains may be moving joints that are stiff from lack of use resulting in increased subjective pain. However, it is also not suggested that a continuous course of treatment be interrupted at two weeks only to document these gains if there are preliminary indications that they are being made on a concurrent basis.

11. Integrative summary reports that include treatment goals, compliance, program assessment with objective majors and stage of treatment must be made available upon request at least on a biweekly basis during the course of a treatment program.

12. Total treatment duration should generally not exceed four weeks, 24 days, or 160 hours or the equivalent in part-time sessions if required by part-time work, transportation, child care, or comorbidities (Sanders 2005). If treatment duration of more than four weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. Longer durations require individual care plans explaining why improvements cannot be achieved without an extension as well as evidence of documented improvement outcomes from the facility, particularly in terms of the specific outcomes that are to be addressed.

13. In conclusion and subsequently, neither reenrollment in repetition of the same nor similar rehabilitation programs (example, work hardening/work conditioning), outpatient medical rehabilitation is medically warranted for the same condition or injury with the possible exception for a medically necessary organized detox program. Prior to entry into a program, the evaluation should clearly indicate the necessity for the type of program required, and providers should determine up front from which programs their patient would benefit most. A chronic pain program should not be considered a stepping stone after less intensive programs, but prior to participation in a work conditioning or work hardening program does not preclude an opportunity for entering the chronic pain program if otherwise indicated.

14. Suggestions for treatment post program should be well documented and provided to the referral physician. The patient may require time-limited, less intensive post treatment with the program itself. Defined goals for these interventions and planned duration should be specified.

15. Post treatment medication management is particularly important. Patients that have been identified as having substance abuse issues generally require some sort of continued addiction follow-up to avoid relapse.

    Based on the documentation reviewed, the patient does not meet the above criteria for a chronic pain management program. The patient has not returned to work in any capacity since the XXXX work-related injury. The medical documentation available for review lacks specific details regarding injury mechanism, treatment, and diagnoses. A XXXX has subsequently placed XXXX at MMI with a 0% whole person impairment rating, which is inconsistent with the more recent FCE. The FCE is not consistent with the minimal objective physical findings documented in the medical record. There does not appear to be a physical component to the current diagnosis and it is unclear whether the diagnosis is primarily a personality disorder or psychological condition for which the program is not indicated. The bulk of the minimal physical examination documented and the material reviewed does not support objective physical deficits. The requested 10 sessions of a chronic pain management program are not in accordance with the recommendations of the ODG and is not appropriate or medically necessary. Therefore, the previous adverse determinations are 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**

X **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

☐ **MILLIMAN CARE GUIDELINES**

X **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)**