

NOTICE OF INDEPENDENT REVIEW DECISION

Date: April 7, 2004

RE: MDR Tracking #: M2-04-1008-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Psychiatric reviewer (who is board certified in Psychiatry) who has an ADL certification. The physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The claimant was reportedly injured while working on her job as a Teacher's Assistant when she tripped and fell forward. She reportedly injured her lumbosacral spine on ___. Subsequent to this, diagnostic imaging apparently revealed a surgically correctable injury, and she underwent an L5/S1 lumbar interbody fusion with cage placement and pedicle screws that occurred on 6/14/02. Since that time the claimant has been in persistent pain despite extensive therapies to include physical therapy, medicinal therapy, epidural steroid injections, aquatic therapy, individual psychotherapy, and other therapies without significant impact on her pain. She was referred for a psychological evaluation by her primary treating physician, _____. The assessment was completed indicating that there were some elements of depression and pain related behaviors felt to be impeding her functioning. Subsequently she underwent some individual therapy. It is documented that she responded some to this but had persistent pain. There was no change in her Global Assessment of Functioning score over the course of the therapy. She was then referred to the chronic pain management program. This service was denied by her insurance carrier. The rationale was that the claimant did "not need P.T. aspect of a CPMP, objective studies remarkably normal, recently approved/completed IPT for 'closure' and return to work issues. CPMP not warranted and would be redundant with regard to previous 3 years of treatment." On appeal the request was again denied because "The injured worker has exhausted enough physical treatment and further improvement is not reasonably anticipated. In terms of her psychological issues she continues to improve with individual therapy. Also, antidepressant medications may be optimized as well."

Requested Service(s)

Thirty days at a chronic pain management program

Decision

I recommend approval of only 10 sessions of the chronic pain management program with consideration for approving further sessions of the program depending upon if the claimant making objective, substantial gains indicating that the program is helping her improve her physical functioning and reduce her pain.

Rationale/Basis for Decision

There does not appear to be any primary or secondary treatment being pursued at this juncture. The claimant has had recalcitrant pain for which there appears to be some psychological overlays, given the disparity between the degree of symptoms reported and the physical findings on examination. While I concur with the insurance carrier that the prognosis for this individual is guarded given the prior treatments she has received and not significantly responded to, this is generally the category of patient that is entered into a chronic pain management program. Usually there is some redundancy in the treatment from the perspective of physical therapy and psychotherapy; however, the point of the program is to have an intensive, well-coordinated, multidisciplinary approach to the pain. It does not appear that this claimant has been involved in a multidisciplinary pain program in the past. Chronic pain management programs are a treatment of last resort, and it appears that this claimant is at this stage. However, given her guarded prognosis, I would not recommend approval of 30 sessions of the chronic pain management program. I would recommend approval of 10 sessions of the chronic pain management program with reconsideration for further sessions if there were objective, substantive gains by the claimant within the program. If there are not objective indications that the claimant's level of physical functioning and pain are being helped by the program after 10 sessions, it would not appear the claimant was benefitting from the program, and further treatment within it would not be medically necessary due to lack of efficacy.

On the National Guideline Clearinghouse website, under "Chronic Non-malignant Pain, "Treatment Intensity,"" the following is stated:

"In reviewing the outcome studies for interdisciplinary pain programs using the best treatment modalities recommended in the current guidelines, there is no evidence to support any changes in the 1995 guidelines for treatment intensity.... There should be a continuum of treatment intensity based upon the patient's needs, which could range from contact once a week to daily, from one to eight hours per day, depending upon the clinical needs of the patient. Treatment intensity should be matched to clinical need to achieve as many treatment goals as possible. Regardless of the number of hours per day or days per week the patient is seen, research studies continue to show that effective outcome from such interdisciplinary treatment is accomplishable within a maximum of 20 treatment days. Thus this 20-treatment-day upper limit for definitive intervention with chronic non-malignant pain syndrome patients is recommended."

Bibliographic Source: Clinical practice guidelines for chronic non-malignant pain syndrome patients II: an evidence-based approach. J Back Musculoskeletal Rehabil 1999 Jan 1; 13:47-58 (65 references)

The plan for a 30 session program, rather than completion after 20 sessions, would appear to be unnecessary. If the initial 10 sessions are productive, a final 10 sessions may be considered.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.