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An Independent Review Organization

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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program X 10 sessions X 80 units

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

REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now XXXX with a history of an occupational claim from XXXX. The mechanism of injury was described as XXXX. XXXX was diagnosed with strain of muscle, fascia, and tendon of the lower back, unspecified spinal stenosis, and pain disorder with related psychological factors. According to the functional capacity evaluation on XXXX, the patient was unable to perform XXXX required physical demand level as a XXXX. XXXX demonstrated a sedentary physical demand level. XXXX also demonstrated an occasional tolerance for walking. A behavioral evaluation on XXXX indicated that the patient complained of ongoing pain in the low back, rated 7/10. A Beck depression inventory score was XXXX, consistent with severe depression. Beck anxiety score was XXXX, consistent with severe anxiety. XXXX had a high risk for fear avoidance and narcotic use. Given the findings and need for multidisciplinary treatment, the request was previously submitted for a chronic pain management program. However, this request was previously denied as there was minimal documentation regarding willingness to participate in an intensive program, and a lack of documentation regarding expected treatment outcomes as a result of therapy. The request was again denied on XXXX as the patient had been authorized to undergo bilateral microdiscectomy at L4-5, which means that the patient had not exhausted all surgical and nonsurgical measures. The request was then submitted for an appeal.

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

According to the submitted documentation, the patient did present with both physical and psychological limitations, including persistent low back pain and inability to meet required job demands. However, guidelines indicate that patients should exhaust all other treatment modalities such as surgical and nonsurgical management prior to enrolling in a multidisciplinary treatment program. In this case, as the patient had been approved to undergo surgery, the request is not supported. The patient may be reassessed following surgery, if there is still a failure to improve. However, as the patient had not yet undergone surgery, and further treatment modalities were being considered, the request is not consistent with guidelines.

As such, the request for chronic pain management ×10 sessions ×80 units remain not medically necessary, and the prior determination is upheld.

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

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Pain, Chronic pain programs (functional restoration programs)