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April 16, 2019

IRO CASE #: XX**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Chronic Pain Program XX sessions/XX units XXx a week.**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** Board Certified in Anesthesiology**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]: Patient is a XX year old XX who had sustained an injury at work on XX by XX on an XX XX and XX XX. XX has XX XX pain and XX XX pain and uses XX XX. XX provider is requesting a chronic pain program XX sessions/XX units XXx a week and the insurance company is denying it.

XX – Physician Notes-XX XX. XX XX, PT: HPI: Mechanism of injury: Pt reports that XX was XX in the XX when XX XX on a XX. XX was able to XX XX XX by using XX of the XX, but started to feel pain in XX XX XX a XX XX later. Chief complaint: Pt complains of XX XX pain that is exacerbated by prolonged positions. Pt reports no functional restrictions prior to this episode of care. Evaluation: 1) XX sprain, initial encounter XX.XX; 2) XX pain syndrome XX.XX. Assessment Comment: XX year old pt presents to clinic with reports of XX XX pain. Pt demonstrates decreased ROM, decreased core stability, and abnormal joint mobility. Pt reporting pain symptoms down LLE, but only reproduced with SLR test of the XX leg. Pt presentation most consistent with XX instability during time of evaluation. Pt will benefit from skilled PT to improve core stability and return to work and prior level of function. Therapy is indicated for the above noted practice pattern and impairments. The pt is a good candidate for therapy intervention and demonstrates good prognosis for improvement. Plan: Frequency and Duration: Pt to be seen XX times a week for XX weeks.

XX – Physician Notes-XX XX. XX XX, PT: HPI: Pt status: XX reports not having pain in the beginning of treatment session

because XX hadn't done any work. Pt reported last having XX pain the prior XX due to a busy day. XX cannot perform ADLs independently. XX cannot perform recreational activities independently. Pt reports they are performing their home exercise program daily. Evaluation: 1) XX sprain, initial encounter XX.XX; 2) XX pain syndrome XX.XX. Therapy Assessment: Overall progress: As expected. Pt able to perform more advanced core stabilization exercises without a significant increase in pain symptoms. Response to current treatment: The pt tolerated the current treatment well with no adverse reaction. Treatment Progression: Continue therapy per treatment plan. Intervention/Charges: Exercises performed today include: Denotes exercises on HEP; Therapeutic exercise. Therapeutic Activity: Pt education on pathology, plan of care, and prognosis. Total gym, XX-XX min. Manual Therapy: Neuromuscular Re-education. XX XX-3 x 10*. Bent XX fall out-3 x 10*. Slump sliders – XX min* (group: XX min, XX people). Swiss ball marching/rocking – XX min each. Paloff press w/RTB – 3 x 12.

XX – Physician Notes-XX XX. XX, PT: Pt Status: The XX XX gets sore and stiff at the end of the day, mostly on the XX XX. Pt has been given work restrictions by the treating medical provider which limits the pt's participation in one or more essential job functions. May lift, push and pull up to XX lbs. occasionally, up to XX hours a day; stand and walk occasionally up to XX hours a day; no squatting, kneeling, climbing stairs, XX. Pt reports being unable to participate fully in XX or more XX or XX XX due to impairments associated with current injury. Evaluation: Sprain, XX, subsequent encounter XX.XX. Therapy Assessment: Overall Progress: As expected. Residual but reduced XX sided XX XX pain and stiffness, at 4/10 or less. The pt reported benefit from the current treatment as noted by a reduction in symptoms. Continue therapy per treatment plan. Therapeutic Exercises: XX units, XX minutes. Therapeutic Exercises: Group: XX unit, XX minutes. Therapeutic Activities: XX units, XX minutes.

XX – Physician Notes-XX XX. XX, PT: HPI: Pt Status: "XX, the XX is doing better." XX can perform ADLs independently. XX cannot perform XX XX XX. Pt reports they are performing their home exercise program daily. Pt has been given work restrictions by the treating medical provider which limits the pt's participation in one or more essential job functions. May lift, push or pull up to XX lbs. occasionally, up to XX hours a day; stand and walk occasionally up to XX hours a day; no squatting, kneeling, climbing stairs, XX. Pt reports being unable to XX XX in one or more XX or XX XX due to impairments associated with current injury. XX Small has reached 75% of XX goal at this visit. Evaluation: Sprain, XX, subsequent encounter XX.XX. Therapy Assessment: Overall Progress: As expected, reduced pain and stiffness of the XX XX with associated improvement in mobility. Response to current treatment: The patient reported benefit from the current treatment as noted by a reduction in symptoms. Treatment Progression: Continue therapy per treatment plan. Procedure Charges: Therapeutic Exercises: XX units, XX minutes. Therapeutic Exercises – Group: XX units, XX minutes. Therapeutic Activities: XX units, XX minutes.

XX – Physician Notes-XX XX. XX, PT: History of Present Condition: Patient Status: Activities induced intermittent mild to moderate XX pain particularly those that require prolonged standing and repeated bending forward. XX can perform ADLs independently. XX cannot perform recreational activities independently. Pt reports they are performing their home exercise program daily. Pt has been given work restrictions by the treating medical provider which limits the pt's participation in one or more essential job functions. May lift, push and pull up to XX lbs. occasionally, up to XX hours a day; stand and walk occasionally up to XX hours a day; no squatting, kneeling, climbing stairs, XX. Pt reports being unable to participate fully in one or more community or life events due to impairments associated with current injury. XX XX has reached 75% of XX goal at this visit. Evaluation: 1) XX pain syndrome XX.XX. 2) Sprain, XX, subsequent encounter XX.XX. Therapy Assessment: Overall Progress: As expected. Increased active ROM of the XX XX at over 70%, residual XX soreness aggravated by protracted standing and repeated bending forward. Response to current treatment: The pt reported benefit from the current treatment as noted by a reduction in symptoms. Treatment Progression: Continue therapy per treatment plan. Procedure Charges: Therapeutic Exercises: XX units, XX minutes. Therapeutic Activities: XX units, XX minutes. Neuromuscular Re-education: XX units, XX minutes.

XX – Physician Notes-XX C. XX, PT: Results/Data: Findings on plain radiographs reported. Patient Status: "The PT is helping, the physician wants me to continue with the therapy as I am doing better." XX can perform ADLs independently. XX cannot perform recreational activities independently. Pt reports they are performing their home exercise program daily. Returning for follow up with primary care medical provider. Pt has been given work restrictions by the treating medical provider which limits the pt's participation in one or more essential job functions. May lift, push and pull up to XX lbs. occasionally, up to XX hours a day; stand and walk occasionally up to XX hours a

day; no squatting, kneeling, climbing stairs, XX. Pt reports being XX to XX XX in one or XX XX or XX XX due to impairments associated with current injury. Restrict and care with activities that may aggravate XX XX pain. XX has reached 75% of XX goal at this visit. Evaluation: 1) Sprain, XX, subsequent encounter XX.XX. 2) XX pain syndrome XX.XX. The pt assessment is consistent with the medical diagnosis referenced above. Impairment List: AROM, pain, muscle performance, reduced XX stiffness with increase AROM @ 75% core strength at 3/5. Overall Progress: As expected, increase XX mobility and strength with intermittent mild to moderate pain. The pt reported benefit from the current treatment as noted by a reduction in symptoms. Continue therapy per treatment plan. Plan: Pt to be seen XX times a week for XX weeks. CPT codes to use during the course of this pt's treatment: XX, XX, XX, XX, XX, XX.

XX – Physician Notes-XX C. XX, PT: Patient Status: doing better, some weakness on the XX side of XX XX. XX can perform ADLs independently. XX cannot perform XX activities XX. Pt reports they are performing their home exercise program daily. Returning for follow up with primary care medical provider. Pt has been given work restrictions by the treating medical provider which limits the pt's participation in one or more essential job functions. May lift, push and pull up to XX lbs. occasionally, up to XX hours a day; stand and walk occasionally up to XX hours a day; no squatting, kneeling, climbing stairs, XX. Pt reports being XX to XX XX in XX or XX XX or XX XX due to impairments associated with current injury. Restrict and care with activities that may aggravate XX XX pain. XX has reached 75% of XX goal at this visit. Evaluation: 1) Sprain, XX, subsequent encounter XX.XX. 2) XX pain syndrome XX.XX. Overall Progress: As expected. Mild XX sided soreness, noted relative weakness of the XX XX at 3/5. The pt reported benefit from the current treatment as noted by a reduction in symptoms. Continue therapy per treatment plan.

XX – Physician Notes-XX C. XX, PT: Patient Status: Returning to work today, so far the PT has helped. XX can perform ADLs independently. XX XX XX XX XX independently. Pt reports they are performing their home exercise program daily. Returning for follow up with primary care medical provider. Pt has been given work restrictions by the treating medical provider which limits the pt's participation in one or more essential job functions. May lift, push and pull up to XX lbs. occasionally, up to XX hours a day; stand and walk occasionally up to XX hours a day; no squatting, kneeling, climbing stairs, XX. Pt reports being XX to XX fully in XX or XX XX or XX XX due to impairments associated with current injury. Restrict and care with activities that may aggravate XX XX pain. XX has reached 80% of XX goal this visit. Evaluation: 1) Sprain, XX, subsequent encounter XX.XX. 2) XX pain syndrome XX.XX. Overall Progress: As expected. Reduced XX stiffness and soreness with associated increase in AROM. The pt reported benefit from the current treatment as noted by a reduction in symptoms. Increase mobility of the XX XX to 80%. Continue therapy per treatment plan.

XX – Physician Notes-XX C. XX, PT: Patient Status: "XX." XX can perform ADLs independently. XX cannot perform recreational activities independently. Pt reports they are performing their home exercise program daily. Returning for follow up with primary care medical provider. Pt has been given work restrictions by the treating medical provider which limits the pt's participation in XX or more essential job functions. May lift, push and pull up to XX lbs. occasionally, up to XX hours a day; stand and walk occasionally up to XX hours a day; no squatting, kneeling, climbing stairs, XX. Pt reports being XX to XX fully in XX or XX XX or XX XX due to impairments associated with current injury. Restrict and care with activities that may aggravate XX XX pain. XX has reached 80% of XX goal this visit. Evaluation: 1) Sprain, XX, subsequent encounter XX.XX. 2) XX pain syndrome XX.XX. Overall Progress: As expected. Gradually adjusting to work activities with XX resolving injury. The pt tolerated the current treatment well with no adverse reaction. Continue therapy per treatment plan.

XX – Physician Notes-XX C. XX, PT: Patient Status: Following up with the HEP daily but still having XX discomfort when standing or walking at work. XX can perform ADLs independently. XX cannot perform XX XX XX. Pt reports they are performing their home exercise program daily. Returning for follow up with primary care medical provider. Pt has been given work restrictions by the treating medical provider which limits the pt's participation in one or more essential job functions. May lift, push and pull up to XX lbs. occasionally, up to XX hours a day; stand and walk occasionally up to XX hours a day; no squatting, kneeling, climbing stairs, XX. Pt reports being unable to participate fully in XX or more community or life events due to impairments associated with current injury. Restrict and care with activities that may aggravate XX XX pain. XX has reached 85% of XX goal this visit. Evaluation: 1) Sprain, XX, subsequent encounter XX.XX. Overall Progress: As expected. Intermittent mild XX pain and or discomfort with protracted standing and/or walking. The pt reported benefit from the current treatment as noted by a reduction in

symptoms. Continue therapy per treatment plan.

XX – Physician Notes-XX C. XX, PT: Findings on plain radiographs reported. Pt Status: Following up with XX HEP, so far XX is doing much better than before. Still having intermittent episodes of mild pain and/or XX XX discomfort when standing and/or walking for a while at work. XX can perform ADLs independently. XX cannot perform recreational activities independently. Pt reports they are performing their home exercise program daily. Returning for follow up with primary care medical provider. Pt is allowed to return to full work with full participation in essential job functions. Possible RTW without restrictions after today's follow up with physician. Pt reports being unable to participate fully in one or more community or life events due to impairments associated with current injury. Restrict and care with activities that may aggravate XX XX pain. XX XX has reached 90% of XX goal at this visit. Evaluation: Sprain, XX, subsequent encounter XX.XX. Impairment List: None, minimal XX discomfort only. Overall Progress: As expected. FAROM of the XX XX, fair plus to good core strength. The pt reported benefit from the current treatment as noted by a reduction in symptoms. Therapist is discharging the pt from therapy services secondary to the anticipated goals or expected outcomes for the pt having been achieved.

XX – Imaging Report-XX: Clinical Indication: XX.XX Sprain of ligaments of XX XX, subsequent encounter. LBP into XX XX since XX/XX injury to XX XX months ago. Technique: Multiplanar multi-sequence MRI exam of the XX XX was performed. Impression: 1) Normal XX body heights and alignment with XX XX and mild XX XX at XX-XX. 2) At XX-XX, XX broad-based XX XX that does not contact neutral structures with a posterior central XX fissure/XX. There is mild XX facet XX. The central XX and XX are patent. 3) No central XX or XX narrowing. General observations: XX body heights and alignment are normal. Marrow signal is normal. There is XX XX and mild XX XX at XX-XX. The conus ends at XX.

XX – Physician Notes-XX XX, XX: This is a lady following up on XX sprain/strain. Light duty. Pain is 7/10. Taking XX XX and some XX. Not approved for injection. Diagnostic epidural steroid injection in XX XX-XX was denied. Physical Exam: Awake and alert. No acute distress. Vital signs stable. XX and XX walking poor on the XX. Straight XX raise is positive on the XX. Decreased sensation in XX XX-XX. We will appeal the denial of the XX XX-XX XX epidural steroid injection diagnostic. Follow up in XX weeks.

XX – Physician Notes-XX XX, XX: Recheck Report. This is a XX who injured XX on the job. XX is on light duty. Pain is 4/10. We requested XX-XX XX-sided XX epidural steroid injection, diagnostic, and this has been denied in spite of making IR ODG. Physical Exam: XX and XX walking is good but straight XX raises positive on the XX. Assessment: XX sprain/strain. We would like to obtain approval for an IRO, it is pending XX. We will see the patient XX in XX weeks. At that time, we will know whether it has been approved or not.

XX – Physician Notes-XX XX, XX: Consultation. This is a XX with a XX-year old injury to XX XX XX and XX, who had surgery on the XX XX after XX XX by XX on an XX XX at XX. XX is a XX and XX and states that the pain in the XX XX is better, but the XX XX was determined not to need surgery. XX continues to have XX XX pain. XX has XX XX pain. XX still takes meds for XX pain without significant improvement. XX is XX XX at the time. XX states that XX wears XX XX because of the pain. Assessment: XX XX pain, chronic pain syndrome. I think the pt would benefit from a chronic pain program, XX sessions. We will ask for a functional capacity evaluation to be done at XX. The patient will have a XX evaluation in our office. This will be then submitted to XX XX for approval. We will see the patient XX in XX month.

XX – Behavioral Evaluation-XX XX. XX, PhD: XX Evaluation and Request for Services. Request for XX trial sessions of the chronic pain management program. Summary: The pain resulting from XX injury has severely impacted normal functioning physically and interpersonally. Pt reports frustration and anger related to the pain and pain behavior, in addition to decrease ability to manage pain. Pain has reported high stress resulting in all major life areas. The pt will benefit from a course of pain management. It will improve XX ability to cope with pain, XX, XX, XX, which appear to be impacting XX daily functioning. Pt should be treated daily in a pain management program with both XX and physical modalities as well as medication monitoring. The program is staffed with multidisciplinary professionals trained in treating chronic pain. The program consists of, but is not limited to daily pain and stress management group, relaxation groups, individual therapy, nutrition education, medication management and XX XX as well as physical activity groups. These intensive services will address the current problems of XX, XX, and XX to a higher level of XX as possible.

XX – Functional Capacity Evaluation-XX XX, XX, DPT: Functional Capacity Evaluation Summary of Findings. A baseline/general purpose functional capacity evaluation was conducted on XX to determine XX. XX tolerance to perform work tasks. Consistency of effort results obtained during testing indicate XX. XX put forth full effort. Reliability of pain results obtained during testing indicate pain could have been considered while making functional decisions. XX. XX demonstrated the ability to perform within the XX physical demand category based on the definitions developed by the US Department of Labor and outlined in the Dictionary of Occupational Titles. XX. XX is presently able to work full time. XX. XX lifted XX pounds to below XX height. XX. XX lifted XX pounds to XX height and XX pounds XX. XX. XX carried XX pounds. Pushing abilities were evaluated and XX. XX pulled XX horizontal force pounds and pushed XX horizontal force pounds respectively. Non-material handling testing indicates XX. XX demonstrates an occasional tolerance for stair climbing. XX. XX demonstrated the ability to perform static balance, firm grasping and squatting with frequent tolerance. Above XX reach, dynamic balance, bending, fine coordination, pinching, simple grasping, sitting, standing and walking were demonstrated on a constant basis. Job Match: I contacted XX XX, the company contact for XX XX. XX stated that XX XX does not have a job description for comparison to today's FCE results.

XX – Physician Notes-XX XX, XX: Reason for Visit: Chief Complaint: The pt presents today with pain in XX XX XX much improvement pain is at a 2/10. Self-reported. HPI: DOI: XX. Pt denies outside causation of injury including sports, hobbies, accidents or external employment. This injury is the result of a XX and XX XX level, XX. It occurred while at work. XX complains of XX pain and XX stiffness, but no decreased XX ROM, no XX XX numbness, no XX XX tingling and no XX XX weakness. XX is currently experiencing symptoms. There is XX XX XX pain. The pain does not radiate. Onset was sudden immediately after the injury. The symptoms occur intermittently. XX describes XX pain as dull and aching in nature. The severity of the XX pain is mild. XX has a current pain level of 1/10. Symptoms are improving. Associated symptoms include no XX, no malaise, no fever, no weight loss, no paresthesias, no urinary incontinence, no urinary frequency, no urinary retention, no hematuria and no dysuria. Exacerbating factors: not exacerbated by XX XX position and not exacerbated by XX XX position. Relieving factors: nonsteroidal anti-inflammatory drugs and PT. Assessment: 1) Sprain, XX, subsequent encounter XX.XX; Plan: XX is pending for MMI/IR; no meds were prescribed or dispensed for this encounter. Will allow the employee to return to work-without restrictions as of XX.

XX – URA Determination-XX XX, XX: The XX XX XX XX (The XX) URA has reviewed the information received regarding XX XX. The recommendation is to deny the requested service(s). Decisions for preauthorization or concurrent review are based solely on whether the proposed service(s) is medically necessary. The XX URA Recommends the Following: Deny XX sessions, XX hours, XX times a week chronic pain program for the XX XX at/as requested by XX. XX at The XX and XX XX of XX. Rationale: The ODG states that chronic pain programs are recommended for patients who have significant functional limitations, and who have exhausted appropriate amounts of conservative management. Patients should undergo an adequate and thorough multidisciplinary evaluation prior to consideration for the program. Guidelines do not recommend longer than XX weeks of treatment without evidence of compliance and significant demonstrated efficacy. Patients should be motivated and will to in this case, the patient reported ongoing pain in the XX XX and well as the XX despite XX therapy and medications. XX also had prior XX surgery. The functional capacity evaluation on XX indicated that the patient was able to perform within the medium XX demand category, and there was no documentation indicating that the patient was unable to meet XX required job duties. The patient did report associated XX symptomology related to chronic pain. However, given the lack of significant functional limitations documented in recent clinical, the requested program is not supported and is non-certified.

XX – Appeal Letter-XX XX. XX, XX and XX XX. XX, XX: Date of Injury: XX; Date of Interview: XX. Referring Physician: XX XX. XX, XX. Reviewer reports that patient is working full time and does not need the pain program. Patient has had to go XX and has only had XX sessions. XX reports that the XX session did not help XX pain or gain control over XX pain. Patient has been denied injections. Patient would like help to learn how to manage XX pain with CBT and Physical Conditioning. Reviewer was called XX times and no contact was made for peer review.

XX – URA Re-Determination-XX XX, XX: The XX URA has reviewed your appeal of denied services based on the information received regarding XX XX. The recommendation is to deny the requested service(s). Decisions for preauthorization or concurrent review are based solely on whether the proposed service(s) is medically necessary.

Rationale: According to the ODG, multidisciplinary treatment such as a chronic pain program may be appropriate for selected patients with persistent functional limitations. Patients should exhaust appropriate conservative management prior to entrance into a program. In this case, the requested Chronic Pain Program was previously denied as there were limited functional deficits provided for review, as the patient was noted to be working full-time and able to work at the medium physical demand level, per the submitted functional capacity evaluation. Although the provider noted in the appeal letter that the patient had only had XX therapy, which did not significantly benefit XX pain levels, there were still no clinical notes documenting the patient's required job duties, or functional limitations related to specific job duties that would require intensive multidisciplinary treatment. Also, a review of the provided documentation indicated that the patient would be at maximum medical improvement as of XX next appointment on XX. As such, the necessity for the requested program is not established. Appeal: Chronic Pain Program: XX sessions/XX hours for XX XX; is non-certified.

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

Based on records submitted and peer reviewed guidelines, this request is non-certified. Per ODG, multidisciplinary treatment such as a chronic pain program may be appropriate for selected patients with persistent functional limitations. Patients should exhaust appropriate conservative management prior to entrance into a program. In this case, the requested Chronic Pain Program was previously denied as there were limited functional deficits provided for review, as the patient was noted to be working full-time and able to work at the XX physical demand level, per the submitted functional capacity evaluation. Although the provider noted in the appeal letter that the patient had only had XX therapy, which did not significantly benefit XX pain levels, there were still no clinical notes documenting the patient's required job duties, or functional limitations related to specific job duties that would require intensive multidisciplinary treatment. Also, a review of the provided documentation indicated that the patient would be at maximum medical improvement as of XX next appointment on XX. As such, the necessity for the requested program is not established.

PER ODG: Conditionally Recommended (XX and XX)

Recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in "delayed recovery."

Evidence Summary

XX

Recommended (generally)

Recommended. (XX XX)

Evidence Summary

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 XX XX 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)**