

# **RYCO MedReview**

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**DATE OF REVIEW:** 04/05/07

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Twenty sessions of a chronic pain management program (97799-CP)

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

Board Certified in Anesthesiology  
Fellowship Trained in Pain Management  
Added Qualifications in Pain Medicine

**REVIEW OUTCOME**

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

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

An evaluation with D.O. dated 02/24/06  
A CT scan of the head interpreted by M.D. dated 02/24/06  
Evaluations with M.D. dated 02/24/06 and 02/27/06  
X-rays of the facial bones interpreted by M.D. dated 02/27/06

An MRI of the brain interpreted by M.D. dated 03/02/06  
Evaluations with D.O. dated 03/15/06, 03/29/06, 05/03/06, 05/24/06, 07/19/06,  
08/16/06, 08/30/06, 09/27/06, and 01/24/07  
A behavioral medicine evaluation with L.C.S.W. dated 04/06/06  
A Required Medical Evaluation (RME) with M.D. dated 04/26/06  
Behavioral medicine testing results with Mr., Ph.D., and Ph.D. dated 05/03/06  
A neuropsychological evaluation with Dr. dated 07/27/06  
Individual psychotherapy with L.P.C. dated 08/21/06, 08/28/06, 09/05/06,  
09/12/06, 09/19/06, and 09/26/06  
Evaluations with M.D. dated 10/09/06 and 03/05/07  
An infrared-video ENG with Dr. dated 10/24/06  
A neuropsychological evaluation with Ph.D. dated 12/11/06  
An evaluation with an unknown physician (the signature was illegible) dated  
01/16/07  
A Functional Capacity Evaluation (FCE) with P.T. dated 01/23/07  
Letters of request from M.S., L.P.C. dated 01/30/07 and 02/26/07  
Letters of denial from Utilization Review Nurse dated 02/05/07 and 03/06/07  
A requestor's position letter from Mr. dated 03/21/07

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

A CT scan of the head interpreted by Dr. on 02/24/06 was unremarkable. X-rays of the facial bones interpreted by Dr. on 02/27/06 were unremarkable. An MRI of the brain interpreted by Dr. on 03/02/06 was essentially unremarkable. On 03/15/06, Dr. prescribed Vicodin ES, Antivert, and Ultram. On 04/06/06, Mr. requested further psychological testing. On 04/26/06, Dr. felt the patient required no further treatment and was exaggerating many psychiatric deficits. On 05/03/06, Mr., Dr., and Dr. requested six sessions of psychotherapy. On 07/27/06, Dr. ordered 10 hours of neuropsychological testing. Individual therapy was performed with Ms. Wright from 08/21/06 through 09/26/06 for a total of six sessions. On 10/09/06, Dr. ordered an EEG and ENG study and continued Topamax and Elavil. An ENG study interpreted by Dr. on 10/24/06 revealed possible left-sided vestibular pathology. An FCE with Ms. on 01/23/07 revealed the patient functioned at the sedentary physical demand level and a chronic pain management program was requested. On 01/30/07 and 02/26/07, Mr. wrote a request for the pain management program. On 02/05/07 and 03/06/07, Ms. wrote letters of denial for the pain management program

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

It is abundantly clear that, on independent evaluation, this patient's complaints are not functional, inorganic, and, more medically likely than not, due to factitious disorder and/or conscious malingering. She is clearly not an appropriate

candidate for a chronic pain management program as such treatment would not address any of these problems, nor do the stated goals of this particular chronic pain management program include plan to address such conditions. The patient has already undergone extensive psychologic testing and evaluation by a board certified psychiatrist as well as by a neuropsychologist. Both of these independent evaluations clearly demonstrate the lack of organic pathology and the presence of clear functional overlay with very strong suspicion and suggestion of malingering and constant exaggeration of symptoms. There is, in fact, no objective evidence of any damage, injury, harm, or pathology to any part of the patient's body as a result of the minimal head contusion she sustained. Therefore, based upon the independent evaluations and extensive battery of psychologic tests that have been administered to this patient, there is no evidence of a clinical condition for which 20 sessions of a chronic pain management program would be medically reasonable or necessary. There is also no compelling evidence in the documentation submitted by Mr. in either his initial evaluation or reconsideration requests of any valid medical information to support the requested twenty sessions of a chronic pain management program. In fact, given Mr.'s complete lack of reference to the evaluations performed by Dr. a board certified psychiatrist, and Dr. in his neuropsychologic evaluation, the request for 20 sessions of a chronic pain management program is without medical merit, necessity or reason, as those evaluations are clearly more comprehensive, extensive, and of in depth analysis than those performed by the personnel requesting the chronic pain management program, none of whom have the medical credentials or training of Dr. or the psychologic credentials of Dr.. Therefore, the decision to deny the request for 20 sessions of a chronic pain management program (97799-CP) as not being medically reasonable or necessary as related to the original injury is correct and, therefore, upheld.

**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)**