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**AMENDED
January 4, 2008**

Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 26, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 sessions of chronic behavioral pain management program (CPMP) - 97799

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

The physician providing this review is a physician, doctor of medicine. The reviewer is national board certified in physical medicine and rehabilitation. The reviewer is a member of American Academy of Physical Medicine and Rehabilitation. The reviewer has been in active practice for twenty-three years.

REVIEW OUTCOME

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

X Upheld (Agree)

Medical documentation does not support the medical necessity of 10 sessions of chronic behavioral pain management program (CPMP) - 97799

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Utilization reviews (11/14/07 – 12/04/07)

D.C.

- PPE and psychological evaluation (11/02/07)

The denials are based on Official Disability Guidelines. No guidelines received from the insurance company.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old female who sustained an injury occurred on xx/xx/xx. She was sitting at her desk when it broke and she bruised her right knee.

Per DWC PLN 11 report: *Chondromalacia, myxoid degeneration, and osteoarthritis of the knee were denied as ordinary disease of life. The symptoms were not related the compensable right knee contusion of xx/xx/xx. The patient went for six months without the need for medical treatment which would further indicate that the current problems were not a result of the original knee contusion.*

In November 2007, the patient underwent a physical performance evaluation (PPE). Her complaints were right knee pain with radiation of pain in the posterior thigh and leg. She had a history of left knee surgery for a fractured tibia. She reported that she only had three sessions of physical therapy (PT) with exercises, electrical muscle stimulation, and heat. Her diagnoses were chondromalacia patella of the right knee, myxoid degeneration of the medial meniscus, and right knee contusion. In the PPE, she qualified at an occasional physical demand level (PDL) of light-medium to very heavy; a frequent PDL of light to medium-heavy; and a constant PDL of sedentary-light to light. The evaluator stated she would require at least 10 sessions of chronic pain management program (CPMP). The patient underwent a psychological evaluation. Her symptoms were interrupted sleep, frustration, weight and appetite changes, anhedonia, guilt, and avoidance of activities. The Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI) score was 12 each. She was diagnosed with chronic pain and moderate major depressive disorder (MDD), both resulting from the work injury of xx/xx/xx. The evaluator recommended 20 sessions of interdisciplinary CPMP.

The request for the CPMP was denied with the following rationale: *An evaluation dated November 2, 2007, indicates she has been treated with diagnostic testing and PT in 2006. She is not currently prescribed medication for the injury. The patient returned to work until July 2007. Documentation does not indicate the patient's surgical status. The patient has not been seen by an orthopedic surgeon. She is currently reporting minimal symptoms of depression and mild symptoms of anxiety. There is no history and physical provided. Diagnostic impressions given are chronic pain and major depressive disorder. There is no indication that attempts to provide conservative care have been exhausted.*

A request for reconsideration of CPMP was denied with the following rationale: *The patient has been treated with activity modification, medications, PT, use of transcutaneous electrical nerve stimulation (TENS), and passive modalities to include heat and massage. The notes indicate the patient has not required medications in two to three months. She is recently status post mental health evaluation. She reports difficulty sleeping, frustration, weight changes, guilt, and avoidance behaviors. On Beck Anxiety and Depression Inventory, the patient scored 12 each. She was diagnosed with chronic pain and has been recommended for participation in CPMP for 10 sessions. Treatment goals are to increase knowledge of pain, stabilize mood, teach independence of pain management skills, and reduce in-adaptive beliefs. The patient has minimal*

psychological factors. The treatment plan and goals are also general and not individualized.

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

PATIENT DOES NOT REQUIRE MEDICATIONS, BAI AND BDI ARE NORMAL TO MILDLY ELEVATED AND CPMP IS SIMPLY NOT REASONABLE OR NECESSARY.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

X TWENTY PLUS YEARS OF TRAINING AND EXPERIENCE,