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DATE OF REVIEW: JULY 12, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic pain management once a month for six months.

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

BOARD CERTIFIED

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:

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- Office notes (xx/xx/xx – 05/16/07)
- Radiodiagnostic studies (05/20/05)
- Electrodiagnostic studies (06/22/05)
- Procedure notes (05/21/06 – 06/15/06)
- Pre-authorization reports (06/01/07 & 06/13/07)

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a patient who slipped and fell on a bus step landing on her lower back. She developed severe pain in her lower back radiating down both legs.

In xx/xx/xx, magnetic resonance imaging (MRI) of the lumbar spine demonstrated: (a) A 3-mm broad-based posterior protrusion at L2-L3 minimally indenting the thecal sac with mild bilateral foraminal narrowing; (b) A 3-mm broad-based posterior disc protrusion at L3-L4 minimally indenting the thecal sac with mild bilateral foraminal narrowing and slight right posterolateral accentuation with displacement of the emanating at right L3 nerve root sleeve/dorsal root ganglion; (c) A 5-mm broad-based posterior disc protrusion at L4-L5 mildly indenting the thecal sac with right posterolateral accentuation and marked-to-moderate bilateral foraminal narrowing with effacement of the emanating right L4 nerve root sleeve/dorsal root ganglion; (d) A 6-mm broad-based posterior disc protrusion at L5-S1 minimally effacing the S1 nerve root sleeve with moderate bilateral foraminal narrowing. Electromyography/nerve conduction velocity

(EMG/NCV) study of the lower extremities was suggestive of bilateral L5-S2 radiculopathy, more severe on the right.

In xx/xx/xx, lumbar myelogram and post-myelogram computerized tomography (CT) of the lumbar spine demonstrated: (a) Moderate-sized extradural defect of the thecal sac at L5-S1 and underfilling/suboptimal filling of the thecal sac at L4-L5 and L5-S1 levels suggestive of either central canal stenosis or herniation; (b) mild degenerative changes at L2-L3, L3-L4, and L4-L5 with moderate central canal stenosis; and (c) large disc herniation at L5-S1 posterocentrally and left paracentrally with significant mass effect and neural compression. M.D., noted that the patient had received a series of epidural steroid injections (ESI) in the past without relief of her symptoms. On xx/xx/xx, the patient was admitted and subsequently underwent: (1) Bilateral central decompressive lumbar laminectomy at L4-L5 and L5-S1 with central disc excision and bilateral foraminotomies of L4-L5 and L5-S1; (d) Lateral transverse fusion of L4-L5 and L5-S1 and stabilization with pedicle fixation and posterior lumbar interbody fusion (PLIF) at these levels. The postoperative diagnoses consisted of: (a) Disc herniation at L4-L5 and L5-S1 with spinal stenosis at L4-L5 and lateral recess stenoses at L4-L5 and L5-S1; and (b) spondylolisthesis of L4-L5 with retrolisthesis of L5-S1 and lumbar instability with lumbar radiculopathy. In mid June, the patient had another hospitalization due to wound infection and an irrigation and debridement was performed.

In September, M.D., evaluated the patient who was noted to be highly frustrated. Ongoing medications consisted of Xanax, Soma, and Tylenol No. 4. Dr. diagnosed pain disorder with symptoms of depression, prescribed Celexa and clonazepam, and recommended a multidisciplinary pain management program. In December, M.D. evaluated the patient, diagnosed chronic pain, and recommended CPMP.

On May 16, 2007, Dr. evaluated the patient and noted that she was completing her multidisciplinary CPMP, which had been of great help. Unfortunately, the patient had recently broken her right arm in a fall. Ongoing medications consisted of Lyrica, Seroquel (for insomnia), and Cymbalta. He recommended continuation of the CPMP once a month for the remainder of the year so that the patient could consolidate her gains.

On June 1, 2007, the request for CPMP once a month for six months was denied stating that: *The request was not medically necessary as the patient had six additional sessions over the standard recommendation of 20. This patient had completed 26 sessions of CPMP and should have completed treatment goals and consolidated her gains and be applying the lessons learned without needing follow-up and/or additional training.* On June 13, 2007, the appeal was denied. The rationale remained the same.

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

PATIENT HAS COMPLETED 26 SESSIONS OF CHRONIC PAIN PROGRAM WITH EQUIVOCAL RESULTS. THIS IS INCONSISTENT WITH THE ODG GUIDELINES. BASED ON THE INCLUDED NOTES, THERE DOES NOT APPEAR TO BE ANY MEDICAL NECESSITY CONSISTENT WITH THE ODG GUIDELINES.

DD, TG, pain ratings predict treatment failure in chronic occupational musculoskeletal disorders. Am. 2006 Feb;88(2):317-25.

Is there a right treatment for a particular patient group? Comparison of ordinary treatment, light multidisciplinary treatment, and extensive multidisciplinary treatment for long-term sick-listed employees with musculoskeletal pain. Pain. 2002 Jan;95(1-2):49-63.

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)**

**NASS CRITERIA
ISIS GUIDELINES**