

MATUTECH, INC.

**PO Box 310069
New Braunfels, TX 78131
Phone: 800-929-9078
Fax: 800-570-9544**

DATE OF REVIEW: JULY 9, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Comprehensive interdisciplinary functional restoration program (97799), 5 x a week for 4 weeks.

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 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)

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:

Office notes
Utilization reviews (03/30/07 - 04/06/07)
Work hardening program (01/29/07 – 03/16/07)

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male who was injured at work sustaining injury to his low back.

There are no treatment records available.

The patient attended work hardening program (WHP) at Institute. He was under the care of M.D., a spine surgeon, and was status post posterior L4-L5 fusion.

The patient attended 20 sessions of WHP. Dr. felt that the patient had not reached a level to meet his job demands and required job retraining. He continued the patient on medications.

Psy.D., requested 20 days of comprehensive interdisciplinary functional restoration program. The following history is obtained: *After the injury, the patient developed low back and bilateral leg pain. He underwent epidural steroid injections (ESIs) and facet injections with little improvement. Later, he underwent individual psychotherapy and was put on Pamelor. His pain remained intractable and he underwent an L4-L5 fusion. Despite this, he continued to have low back and right leg pain. Postoperative x-rays revealed the hardware to be in anatomical position with no motion of fused vertebrae on flexion and extension. There was some disc space narrowing at L3-L4, however. The patient attended postoperative therapy. After a functional capacity evaluation (FCE), the patient was put into a WHP.* Dr. stated that the patient had completed the WHP successfully; however, there were significant deficits and a number of psychological issues which would need to be addressed through the requested program. Dr. performed trigger point injections (TPIs) and scheduled the patient for a lumbar instrumentation block for possible painful instrumentation.

The request for the interdisciplinary program was denied by M.D. Rationale: *Adjustment to disability would reasonably be done by counseling often addressed in WHP. While pain management programs can address the salient issues, the level of service appeared more intense than the patient needed and was poorly cost effective.*

On April 6, 2007, the request for reconsideration of an interdisciplinary program was denied by M.D. Rationale: *A hardware block was planned to determine if pain symptoms were referable to the lumbar spine hardware. A functional restoration program was typically considered when there was no consideration for any additional attempts at therapeutic procedures. Medical necessity for this request would not appear to be established, as the patient was still undergoing diagnostic/therapeutic procedures.*

In April, Dr. performed lumbar instrumentation block with relief lasting for 2 days only. On May 10, 2007, he performed removal of the lumbar instrumentation that resulted in increased mobility of the lower extremities. But the patient had heaviness in both legs and occasional pain and tingling in thighs. He also had difficulty sleeping and was on naproxen, tramadol, and Robaxin.

On June 1, 2007, Dr. requested a medical dispute resolution to determine the efficacy of the requested.

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

Comprehensive interdisciplinary functional restoration program is not necessary as several of the components have already been addressed with Work Hardening and repetition will not alter the course. In addition, the patient appears to be on minimal medications and simply does not need a CPMP based on the records.

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

**X ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL &
ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**

**X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES**