

# **MATUTECH, INC.**

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## Notice of Independent Review Decision

**DATE OF REVIEW:** JULY 5, 2007

**IRO CASE #:**

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

Chronic pain management program

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

The physician providing this review is a Doctor of Medicine (M.D.). The reviewer is national board certified in Physical Medicine and Rehabilitation as well as Pain Medicine. The reviewer is a member of International Spinal Intervention Society and American Medical Association. The reviewer has been in active practice for ten years.

**REVIEW OUTCOME**

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

Upheld (Agree)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Insurance:

Office notes (04/23/06 – 05/21/07)  
Radiodiagnostics (04/23/06 – 02/14/07)  
Therapy notes (PT, psychotherapy, WCP) (04/25/06 – 04/18/07)  
Medical reviews/DDE (10/09/06 – 06/10/07)  
Utilization reviews (05/21/07 & 05/25/07)

Corporation:

Office notes (05/11/07)  
Medical reviews/DDE (10/09/06 – 11/22/06)  
Radiodiagnostics (02/14/07)  
Therapy note (WCP) (04/16/07)  
Utilization reviews (05/25/07)

D.C.:

Office notes (04/24/06 – 06/07/07)  
Therapy notes, P.T. & WCP (04/25/06 – 04/18/07)  
Radiodiagnostics (09/01/06 – 02/14/07)  
Medical reviews/DDE (10/09/06)

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

This is a male who was injured while he was on a second-level of racking when he lost his footing and landed on his right heel causing sprain to the right ankle.

Following the injury, the patient was evaluated at Medical Center. X-rays of the lumbar spine revealed mild degenerative changes of all the vertebrae and degenerative disc disease (DDD) at L5-S1. X-rays of the right calcaneus revealed fracture of the mid portion of the bone. A splint was applied and the patient was discharged on medications. Thereafter, the patient was treated with an ACE wrap, a walking boot, over-the-counter (OTC) medications, and 18 sessions of physical therapy (PT).

M.D., an orthopedic surgeon, reviewed the x-rays. This showed evidence of loss of Bohler's angle over the heel; the posterior facet was pushed about 8-10 mm into the tuber calcanei. Dr. explained to the patient that he would probably have swelling in the right ankle for a number of months. He recommended nonweightbearing initially, but later allowed gradual weightbearing along with therapy.

Magnetic resonance imaging (MRI) of the right foot and ankle revealed fracture involving the calcaneus (that was not significantly displaced) and associated joint effusion. There was marrow contusion in the dome of the talus as well as effusion in the ankle joint. In a functional capacity evaluation (FCE), the patient qualified at a light physical demand level (PDL). He attended nine sessions of aquatic therapy. M.D., a designated doctor, assessed clinical maximum medical improvement (MMI) as of October 9, 2006, and assigned 0% impairment rating (IR). M.D., prescribed ibuprofen and ketoprofen and felt that the patient was not a surgical candidate. D.P.M., assessed tenosynovitis/sinus tarsal syndrome and tarsal tunnel syndrome on the right. He recommended diagnostic studies, custom-molded orthotics and injections. D.O., performed a peer review and opined that the patient could return to work at restricted duty and would not require chiropractic therapy.

D.C., recommended a bone stimulator for fracture healing. Dr. continued the patient on medications.

In 2007, a psychological interview was performed and the patient was diagnosed with moderate major depressive disorder and pain disorder. Dr. followed the patient's progress and recommended psychological evaluation, individual psychotherapy, and chronic pain management program (CPMP) due to symptoms of depression. From February through March, the patient attended seven sessions of individual psychotherapy.

MRI of the right foot and ankle revealed healed fracture of the calcaneus without significant deformity. There was a focal altered signal in the heel pad likely representing posttraumatic fibrotic changes.

Dr. assessed clinical MMI as of March 7, 2007, and assigned 4% whole person impairment (WPI) rating. From March through April, the patient attended four

weeks of work conditioning program (WCP). Following this, Dr. noted that the patient was feeling much better and was having only intermittent pain.

In May 2007, Ph.D., diagnosed moderate major depressive disorder and pain disorder and requested 30 sessions of CPMP. On May 21, 2007, a request for preauthorization of 30 sessions of CPMP was denied. Rationale: *The patient should well be capable of some degree of return to work up to this time based on the level and amount of care he had received to date. He should be taught aggressive home-based exercise and stretching programs to maintain some degree of extremity flexibility and reduction of reliance upon a medical provider.* The carrier accepted right ankle sprain and right heel fracture as compensable injuries and denied tenosynovitis/sinus tarsal syndrome/tarsal tunnel syndrome.

On May 25, 2007, a request for reconsideration of CPMP was denied. Rationale: *The date of injury was over 13 months in age. The designated doctor had assigned 0% WPI rating with MMI date of October 6, 2006. The past physical examination did not disclose the presence of any marked abnormalities on physical examination. It would not appear that narcotic medication was required for management of pain symptoms. Medical necessity for this request could not be established based upon non-revealing physical examination and recommendation by the treating physician for return to work with regular duty.*

On June 7, 2007, Dr. injected the right foot with a steroid-anesthetic preparation. On June 10, 2007, M.D., performed a peer review and rendered the following opinions: (1) The ongoing treatment was not reasonable and necessary. X-rays and MRI studies repeated earlier this year confirmed that the fracture had healed. (2) Dr. 's WPI rating of 4% and the MMI date of March 7, 2007, were appropriate. (3) After over six months of PT, the patient should need no further PT, monthly office visits, or injections by a podiatrist. (4) The patient should be able to return to work, but an FCE could be done to see what level of work he could perform as he continued to have some pain. (5) No more counseling or psychiatric treatment was necessary. Annual visits to a board certified orthopedic surgeon with x-rays of the right foot and ankle would be reasonable to make sure no significant posttraumatic ankle/subtalar arthritic changes occurred. Occasional nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen were reasonable. Topical pain cream should not be necessary in this situation. Shoe orthotics/inserts were also reasonable if the patient got relief from them.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.** PATIENT WITH ANKLE SPRAIN, TALUS OSTEAL CHANGES, EFFUSION WHO HAS HAD MULTI-DISCIPLINARY TREATMENTS. EACH OF THE PROVIDERS DURING THE COURSE OF TREATMENT MAXIMIZED REHABILITATION, MEDICATIONS, ORTHOPEDIC TREATMENTS. THE CURRENT RECOMMENDATIONS FOR A MULTI-DISCIPLINARY CHRONIC PAIN PROGRAM DO NOT MEET ODG GUIDELINES FOR EARLY INTERVENTION AND THE SUPPORTING FACTS DO NOT MEET CRITERIA FOR MEDICAL NECESSITY FOR SUCH PROGRAM.

**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**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**  
**NASS CRITERIA FOR ENTRY INTO A CHRONIC PAIN PROGRAM**

Haldorsen EM, Grasdahl AL, Skouen JS, Risa AE, Kronholm K, Ursin H. 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.