

# **MATUTECH, INC.**

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**Amended: 8/9/07**

Notice of Independent Review Decision

**DATE OF REVIEW:** JULY 16, 2007

**IRO CASE #:**

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

Ten sessions of chronic behavioral pain management program

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

BOARD CERTIFIED IN PHYSICAL MEDICINE REHABILITATION WITH  
SUBSPECIALTY CERTIFICATION IN PAIN MEDICINE

## **REVIEW OUTCOME**

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

Overturned (Disagree)

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

Texas Department of Insurance:

- Request letters (04/19/07 – 05/08/07)
- Pre-authorization notes (04/20/07 – 05/15/07)

HealthCare Systems:

- Clinic notes (04/19/06 – 02/19/07)
- FCE (04/04/07 – 07/06/07)
- CPMP (06/25/07, 06/26/07)

Companies

- Clinic notes (02/19/07)
- PPE (04/04/07)
- Request letters (04/19/07 – 05/08/07)
- Pre-authorization notes (04/20/07 – 05/15/07)

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

This is a patient who was injured. **He was hit by a fiberglass cake on the right shoulder by a coworker who was attempting to throw the cake into the dumpster.**

No records are available from July 2004 through March 2006.

**2006: On April 19, 2006, the patient was evaluated by, M.D., for complaints of right shoulder pain. Dr. reported that following the injury, the patient had undergone three surgeries including open reduction internal fixation (ORIF) of the os acromiale with bone grafting screw fixations after a diagnostic glenohumeral arthroscopy demonstrated an unstable os acromiale. He subsequently underwent hardware removal after fusion in the right shoulder. Dr. diagnosed frozen shoulder and right shoulder pain and felt that an interdisciplinary pain management program would be beneficial.**

**In a physical performance examination (PPE), the patient was noted to be severely deconditioned and was assigned an impairment rating (IR) of 9%. Dr. is recommended a trial return to work program.**

**On February 19, 2007, L.P.C., assessed chronic pain disorder resulting from work injury, and severe major depressive disorder. She recommended participating in 10 sessions of interdisciplinary CPMP. A PPE performed in April demonstrated the patient to be severely deconditioned and not meeting the required physical demand level (PDL).**

On April 19, 2007, Systems placed in a request for 10 sessions of CPMP. The diagnoses given were: (1) unspecified arthropathy involving shoulder region; (2) pain in shoulder joint; (3) other affections of shoulder region not elsewhere classified; (4) nonunion of fracture.

The request was denied the following day and the rationale provided was: *The claimant reported minimal scores on the Beck scales on August 17, 2006, and now on April 17, 2007, reported a Beck Depression score of 52 (profound) and Beck Anxiety score of 36 (severe) with suicidal ideation. This difference in claimant's reports must be clarified before any further treatment is recommended. Furthermore, there have been no lower levels of care in more than one year.*

On May 8, 2007, L.P.C., from Systems responded thus: "The patient has been evaluated by our facility in which individual psychotherapy was recommended and denied by the carrier in August 2006. He was now referred to our facility by Dr. for chronic pain management program (CPMP). Evaluations from both physical and psychological perspectives have been completed which support this recommendation. When a psychological evaluation was performed in August 2006, it was noted that he was taking significant amount of narcotics to manage his pain. Now, he is currently taking no medication for his pain and continues to have very limited coping strategies to manage his symptoms without the use of medications. The discontinuation of pain medications, along with the duration of

disability, the lack of effective treatment attempts to date and resulting lifestyle changes could be significant factors in exacerbation of psychological symptomatology. The patient continues to experience significant chronic pain (4-5/10) in the right shoulder that is significantly affecting his psychological and physical functioning. Both psychological evaluations note very limited pain management strategies. He meets multiple criteria for admission into such a program including the duration of disability, the lack of effectiveness to previous treatment attempts, and the presence of chronic pain that is interfering with his daily functioning. The benefit of a CPMP lies in the ability to address pain complaints and symptomology from a multidisciplinary perspective. The patient is also experiencing significant symptoms of depression and anxiety related to his chronic pain and injury. The psychological portion of the program can improve his overall functional ability. He also presents severely deconditioned. A physical performance evaluation performed on April 4, 2007, demonstrated limited lifting (4-9 lbs frequently), severely limited shoulder range of motion (ROM), high fatigue levels, and decreased strength and endurance. He will likely never be completely pain-free again, and therefore, needs to learn to properly address issues of pain and pain control so that he can function in spite of his deficits.

On May 15, 2007, CPMP was again denied stating: *The patient had not had lower-level interventions to date for his increase in anxiety and depression. Spoke with, L.P.C., at 9:15 a.m. on May 15, 2007, and she agreed to request lower level intervention such as a brief course of outpatient psychotherapy first, and determine whether or not the patient responds to this prior to requesting a CPMP in the future.*

**In June, the patient attended two sessions of CPMP consisting of individual sessions.**

**On July 6, 2007, an FCE was performed and the patient displayed classical pain patterns and resulting disability consistent with his injury and diagnosis. He also had constant crepitus in the shoulder along with pinpoint tenderness along the acromioclavicular (AC) joint. The evaluator felt that the patient was unable to perform his duties at a heavy PDL, and therefore, recommended participating in 10 sessions of work hardening program (WHP) and referral for a full psychological evaluation. A request for preauthorization was submitted for the same.**

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.** PATIENT WITH CHRONIC SYMPTOMS AND DEFINITIVE ORGANIC FINDINGS. EVALUATION INCLUDES REPORT OF PSYCHOLOGICAL SEQUELLAE WITH PHYSICAL COMPLAINTS. REQUEST MEETS CRITERIA FOR MEDICAL NECESSITY USING ODG GUIDELINES. PATIENT APPEARS TO BE AN IDEAL CANDIDATE FOR MULTI-DISCIPLINARY PAIN PROGRAM.

I HAVE REVIEWED THE ADDITIONAL RECORDS PROVIDED TO ME. THEY APPEAR TO SUPPORT THE DECISION I HAVE PREVIOUSLY MADE. AS SUCH, THERE IS NO CHANGE TO MY OPINION.

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

- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**

**NASS CRITERIA  
NATIONAL CLEARINGHOUSE GUIDELINES**

Guzman J, Esmail R, Karjalainen K. et al. Multidisciplinary Rehabilitation for Chronic Low Back Pain: Systematic Review. *BMJ* 2001;322:1511-1516.

Gross DP, Battie MC. Predicting timely recovery and recurrence following multidisciplinary rehabilitation in patients with compensated low back pain. *Spine*. 2005 Jan 15;30(2):235-40.

Dysvik E, Natvig GK, Eikeland OJ, Brattberg G. Results of a multidisciplinary pain management program: a 6- and 12-month follow-up study. *Rehabil Nurs*. 2005 Sep-Oct;30(5):198-206.

Schonstein E, Kenny D, Keating J, Koes B, Herbert RD. Physical conditioning programs for workers with back and neck pain: a cochrane systematic review. *Spine*. 2003 Oct 1;28(19):E391-5

Gatchel RJ. 2005. *Clinical Essentials of Pain Management*. Washington, DC: American Psychological Association; 2005.

Stanos S, Houle TT. Multidisciplinary and interdisciplinary management of chronic pain. *Phys Med Rehabil Clin N Am*. 2006 May;17(2):435-50, vii.