

MATUTECH, INC.

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DATE OF REVIEW: JUNE 20, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

20 sessions of 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 Spinal Intervention and 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:

Office notes
Utilization reviews (05/11/07 & 05/22/07)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was injured when he was lifting a heavy coach and began having severe pain radiating down to his right lower extremity.

In April 2007, D.C., performed a functional capacity evaluation (FCE) and noted the following treatment history: *Initially, Dr. treated the patient with passive and active care and general chiropractic care. Later, M.D., treated the patient with lumbar epidural steroid injections (ESIs). Dr. performed an L3-L4 hemilaminectomy with removal of extruded herniated disc on January 3, 2007.* The patient's current complaints included intermittent sharp pain in the lumbar spine rated as 7/10. In the FCE, the patient qualified at a medium physical demand level (PDL) while his job required heavy PDL. Dr. opined that the patient had significant difficulty coping with his injuries, an exaggerated perception of pain and fear of re-injury, which restricted him to perform activities. He felt that the patient would benefit from a chronic pain management program (CPMP).

M.D., noted complaints of back pain radiating into the lower extremities with numbness and tingling as well as difficult sleeping. He prescribed Rozerem (for difficulty sleeping) and Elavil (for depression). Due to continued elevated pain levels despite physical therapy (PT), Dr. issued a letter of medical necessity for CPMP.

In a psychological evaluation, M.S., L.P.C., noted the following treatment history: *The patient underwent multiple diagnostic procedures that revealed a disc herniation at L3-L4 with a large caudal disc fragment impinging on the left L4 nerve root sleeve, shallow disc bulge at L4-L5, mild-to-moderate stenosis at T11-T12 secondary to a bulging annulus, and right L4 and L5 radiculopathy. The patient then underwent ESIs which provided little benefit. In an effort to avoid surgical intervention, the patient participated in four weeks of a work hardening program (WHP). Despite WHP, he continued to experience pain and functional deficits. He eventually underwent lumbar surgery in January 2007. He completed all postsurgical rehabilitation therapy. The patient underwent initial behavioral health evaluation, follow-up consultations, psychological testing followed by four sessions of group psychotherapy. He was motivated and compliant with the treatment.* Ms. assessed chronic pain disorder and moderate major depressive disorder and requested 20 sessions of CPMP. She stated that the patient had exhausted all forms of conservative treatment and interventional pain management and was an ideal candidate for a tertiary level of care, specifically a CPMP.

On May 11, 2007, Ph.D., denied the request for CPMP. Rationale: *Ms. did not assess patient's psychological symptoms including "psychological distress" and a "high level of perceived disability" and the effect these symptoms would have on the requested treatment. Without an adequate psychological evaluation, the appropriateness of the request could not be determined.*

On May 22, 2007, Ph.D., denied the reconsideration for the request. Rationale: *Dr. had indicated that no further care was to be provided for the chronic pain problem. However, psychometrics suggested a lack of depression and there was no other cause of the continuing pain complaint, behavior, or disability explicated. Relatedly, there was no current history and physical by the medical director or physician associated with the program to further this understanding. This was inconsistent with the "adequate and thorough evaluation" required for admission to a CPMP.*

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

PATIENT WITH LOW BACK AND LEG PAIN, WITH ONGOING SYMPTOMS WHO HAS FAILED ALL CONSERVATIVE AND PROGRESSIVE MEASURES. BASED ON ODG SUPPORTED LITERATURE THE REQUESTED CPMP IS NOT REQUESTED DURING THE TIMEFRAME TO BE CONSIDERED "EARLY INTERVENTION" THE AVAILABLE MEDICAL RECORDS DO NOT SUPPORT ANY OF THE WIDELY PUBLISHED ENTRY CRITERIA FOR A CHRONIC PAIN PROGRAM AND PSYCHOLOGICAL FUNCTION (INHERENTLY DESCRIBED

IN THE RECORDS) WHICH ARE PROVIDED DO NOT APPEAR TO CONSISTENTLY REFLECT ENTRY CRITERIA FOR THE REQUESTED PROGRAM. PATIENT HAS ALSO FAILED TO BENEFIT FROM PREVIOUS SIMILAR TREATMENTS AND THE PROVIDER HAS NOT ADDRESSED THESE OUTCOMES IN A REASONABLE MANNER.

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**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**