MATUTECH, INC.

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

DATE OF REVIEW: **MAY 7, 2007**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
10 sessions of a chronic pain management program

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
BOARD CERTIFIED BY THE AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION WITH SUBSPECIALTY CERTIFICATE IN PAIN MEDICINE

REVIEW OUTCOME

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

☒ 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:
Clinic of Houston (M.D.):

- Office/Clinic notes (12/28/06 – 04/18/07)
- Utilization reviews (01/09/07 & 01/29/07)

PATIENT CLINICAL HISTORY [SUMMARY]:
This is a male who injured his right shoulder, while operating a large granite cutting machine.

In December, a mental health evaluation was performed and the following was noted: *The patient was initially treated by his company doctor. Magnetic resonance imaging (MRI) of the right shoulder revealed a partial tear and tendonitis of the rotator cuff, specifically involving the supraspinatus tendon; a small effusion versus synovial cyst above the glenohumeral joint anteriorly; small amount of fluid within the biceps tendon sheath compatible with mild tenosynovitis versus fluid extension from the glenohumeral joint; and irregularity about the anterior labrum suspicious for disruption. On October 16, 2006, the patient had a right shoulder surgery. In addition, he had been treated with physical therapy (PT), medications, and injection on one occasion. This injury had been diagnosed as internal derangement of the right shoulder. The patient had been taking Vicodin.* The patient was diagnosed with pain disorder following

the evaluation and major depressive disorder. The patient reported mixed results from the previous treatment he had received in relieving his pain. A comprehensive chronic pain management program (CPMP) was recommended. In January 2007, M.D., noted that the patient had also been treated with individual psychotherapy and antidepressants. The patient had not been able to bring his anxiety and depression to manageable levels. A more aggressive intervention to control his depressive reaction was felt needed along with specific pain and stress management training. Dr. requested 20 sessions of CPMP. However, 10 sessions were approved.

On January 22, 2007, following the completion of eight sessions of CPMP, a psychological evaluation was performed in which the patient was noted to have benefitted greatly. Additional 10 sessions of CPMP were recommended, which got denied. The rationale was: *The patient had completed approximately 10 sessions of pain management to date. Limited information was provided suggesting the first 10 sessions had reduced both BDI and BAI levels. The patient was approximately three months post superior labrum anteroposterior (SLAP) lesion repair of the shoulder. From the limited information provided, this patient had had little gain to date from the pain management program provided so far.*

In a reconsideration request, Dr. stated that the patient had demonstrated improvement in all parameters, and an additional time was needed for the patient to achieve his treatment goals. To discontinue the patient's program only served to prolong his recovery and promote functional disability. He requested additional CPMP. On April 18, 2007, Dr. submitted another request for consideration of the CPMP. He stated that the patient had become more productive while avoiding exacerbation of his pain. The patient had been using coping mechanisms and had been able to become more active. He was more outwardly spoken and had improved outlet for his life. He was taking his pain medications at only half of the frequency as he did two weeks ago, and he would be discontinuing the medications over the next two weeks of the program. Based on this progress, Dr. felt that the patient would continue to receive a lasting benefit from completing his CPMP and that the break in the continuity of his treatment had only served to limit his progress.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. PATIENT WHO HAS ALREADY BEEN SUBJECTED TO A PAIN MANAGEMENT PROGRAM OF WHICH THE SUBMITTED INFORMATION DOES NOT MEET CRITERIA FOR CONTINUATION. ONLY THE SUBJECTIVE COMPLAINTS DEMONSTRATE ANY CHANGES. OBJECTIVELY, NO EFFECT WAS SUBMITTED WHICH MEETS ANY RECOGNIZED CRITERIA FOR APPROVAL.

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**

☒ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

Karjalainen K, Malmivaara A, van Tulder M, Roine R, Jauhiainen M, Hurri H, Koes B. Multidisciplinary biopsychosocial rehabilitation for neck and shoulder pain among working age adults. Cochrane Database Syst Rev. 2003;(2):CD002194.

McGeary DD, Mayer TG, Gatchel RJ. High pain ratings predict treatment failure in chronic occupational musculoskeletal disorders. J Bone Joint Surg Am. 2006 Feb;88(2):317-25.

Haldorsen EM, Grasdal 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.

☒ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**
NATIONAL CLEARINGHOUSE GUIDELINES
NORTH AMERICAN SPINE SOCIETY PHASE III CLINICAL GUIDELINES FOR MULTIDISCIPLINARY SPINE SPECIALISTS
OCG GUIDELINES