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AMENDED: April 23, 2008

Notice of Independent Review Decision

AMENDED: April 23, 2008

DATE OF REVIEW: APRIL 20, 2008

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 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)

Medical documentation does not support the medical necessity of the health care services in dispute.

ODG guidelines have been used for denial.

PATIENT CLINICAL HISTORY:

The patient was moving a large stack of trays and dropped the stack from her right hand/wrist causing hyperextension of the wrist.

The patient underwent release of de Quervain's tenosynovitis of the right thumb on xx/xx/xx, carpal tunnel surgery on November 30, 2005, and physical therapy (PT). Her conditions failed to resolve. She was transferred to, D.C., in May 2007 who diagnosed carpal tunnel syndrome (CTS) and requested a new MRI of the right wrist. M.D., a hand specialist, ordered repeat electrodiagnostic study to rule out injury to the palmar cutaneous branch of the median nerve and recurrent

CTS. The study was denied because it had been done previous to her surgeries.

Physical assessment indicated the patient was unable to meet her job demand of medium capacity due to high levels of pain. During psychological evaluation, the following scores were obtained: Beck Depression Inventory (BDI): 30 indicating severe depression. Beck Anxiety Inventory (BAI): 34 indicating severe anxiety/somatic preoccupation. The pain and impairment relationship: 87 indicating strong levels of belief likely to interfere with the recovery process if left unaddressed during rehabilitation. The psychologist diagnosed chronic pain disorder associated with physical and psychological factors, sleep disorder due to injury, and depression and anxiety precipitated by injury at work. The physical and behavioral issues continued to interfere with her ability to return to work. Due to her high pain level and the related behavioral issues, the patient had been prescribed an hourly chronic pain management program (CPMP) by her psychiatrist, M.D., to be completed while she was working part time. The goal of CPMP was to assist her in learning how to cope up with the pain, begin titration of her medications, and to assist her in meeting her return to work goals, while support her attempt to continue working despite the high levels of pain. She was recommended 20 sessions of multidisciplinary rehabilitation program.

On March 5, 2008, 20 sessions of CPMP were denied. The rationale: *At this point, the patient has returned to work part time and it would seem more desirable to keep the patient at work and try lower levels of pain management, which have not been tried, to see if the patient can continue at work and increase her functional abilities there. As well, the patient was just recently started on Effexor and it is reported that the patient's mood and functioning has improved. This should benefit the impact of lower levels of care. Finally, there is no individualized treatment plan for the patient, which specifies the individual psychological and physical goals for the patient and over what time period those goals will be evaluated. The request cannot be considered medically necessary in light of these issues.*

On March 10, 2008, Dr. appealed for CPMP and gave the following reasons: The patient met the criteria for admission in the requested CPMP specifically including an adequate and thorough evaluation, unsuccessful previous methods of treating the chronic pain, significant loss of ability to function independently resulting from the chronic pain, and no candidacy for further surgery. The patient continued to depend upon the medication (hydrocodone and Effexor) and health care system to cope up with her current symptoms and pain that naturally flowed from her injury.

On March 11, 2008, , D.C., wrote a letter of medical necessity for EMG/NCV studies as the patient had significant increase in both radicular complaints and pain levels.

On March 13, 2008, an appeal for CPMP was denied and the rationale was as follows: *The patient's pain complaints were relatively minimal wrist injury. Symptoms and disability are disproportionate to objective findings. Also, reinforcing disability status by further restricting work rather than expanding current restrictions with inconsistent with quality disability management standards.*

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

Patient does not meet any nationally recognized entry criteria for chronic pain management 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**
- 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)**

Washington State Workers' Compensation, *J Occup Environ Med.* 2004 May;46(5):473-8.

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.