

MATUTECH, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: June 11, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 sessions of chronic pain management program (97799)

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

Fellow American Academy of Physical Medicine and Rehabilitation

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 10 sessions of chronic pain management program (97799)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Texas Department of Insurance

- Utilization reviews (03/19/08 – 04/15/08)

Inc.

- Office notes (02/25/08)
- Physical performance evaluation (02/29/08)

ODG have been utilized for denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old teller representative who was injured on xx/xx/xx. He reached back to prevent a malfunctioning hydraulic door from slamming into him when his left hand got caught between the door and the door jamb.

In February 2008, Ph.D., performed a behavioral medical evaluation for persistent pain and emotional symptoms. The following history is obtained from his notes: *Initial x-rays of the left hand were unremarkable. D.O., diagnosed left hand contusion, prescribed Vicodin, and placed the patient in physical therapy (PT). Magnetic resonance imaging (MRI) of the left hand revealed evidence of*

nonspecific edema of the dorsal soft tissues of the second through fifth digits as well as a small amount of fluid-like signal adjacent to the dorsal bases of the second, third, and fourth proximal phalanges. A triple-phase and whole body bone scan was minimally abnormal and specifically negative for any indication of complex regional pain syndrome (CRPS). Upper extremity electromyography/nerve conduction velocity (EMG/NCV) study revealed bilateral ulnar sensory neuropathy at the wrist as well as median neuropathy at the right wrist suggestive of carpal tunnel syndrome (CTS). The patient underwent six sessions of individual psychotherapy from January through February 2008. The Beck Anxiety Inventory Score (BAIS) reduced from 42 to 32, TSK score reduced from 55 down to 48, and he had decreased fear and avoidance of activity and improved motivation to return to work. M.D., an orthopedic surgeon, stated that the patient was not a surgical candidate. He opined that the patient's hand had "locked up" due to arthrofibrosis stemming from disease following his injury and it could take one to one and a half years to regain full function in his hand. The patient reported a history of substance abuse; however, he reported having maintained his sobriety since 1990. He was taking hydrocodone 5/500 three to four per day, Xanax 0.5 mg, and Paxil 30 mg. Dr. diagnosed moderate major depressive disorder and pain disorder and recommended 10 sessions of chronic pain management program (CPMP).

On March 19, 2008, a request for CPMP was nonauthorized with the following rationale: *"The claimant displays high levels of psychological distress, depression, and anxiety. He has previously used opioids and does have a significantly elevated pre-treatment level of pain. Based on the clinical information submitted for this review and using evidence-based peer reviewed guidelines referenced above, the request is not indicated."*

An appeal for the 10 sessions of CPMP was nonauthorized with the following rationale: *"Dr. indicated that the patient's physical demand level (PDL) is sedentary and the patient is at that level now. Additionally, it was noted that the physical rehabilitation portion of the treatment plan is inconsistent with the patient's actual injury focus. This is in addition to previous statement that the patient may not regain full use of his hand for over a year. As such, it would appear that the physical rehabilitation portion of a CPMP is inappropriate and not applicable at this time. Therefore the request for a CPMP is not medically necessary."*

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

Based on the records received, it is clear that additional physical modalities are not indicated and therefore a comprehensive program is not appropriate. In addition, the individual has a prior history of using narcotics for pain, which pre-exist this injury and medications are minimal. ODG states "The patient has a significant loss of ability to function independently resulting from the chronic pain; the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change". Secondary to his arthrosis the patient has decreased function and the physician predicts it will take up to eighteen months.

In conclusion, the request is not medically necessary for the condition.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES