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AMENDED
3/24/08

Notice of Independent Review Decision

DATE OF REVIEW: MARCH 14, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

20 sessions of CPMP (97799)

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

The physician providing this review is a physician, doctor of medicine. The reviewer is national board certified in physical medicine and rehabilitation. The reviewer is a member of American Academy of Physical Medicine and Rehabilitation. The reviewer has been in active practice for twenty-three years.

REVIEW OUTCOME

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

Upheld (Agree)

Medical documentation received indicates surgery is considered and no records disputing. Since surgery is planned participating in a CPMP is not practical. In addition, twenty sessions should never be approved as ten should be the initial approval and additional only if there is objective evidence of significant improvement. For both reasons cited the CPMP decision is not overturned.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Texas Department of Insurance

- Utilization reviews (02/08/08 – 02/14/08)

Claims Management

- Office notes (02/05/07 – 01/29/08)
- Therapy and FCE (02/07/07 - 01/29/08)
- Radiodiagnostics (02/20/07 – 02/06/08)
- Procedures (08/20/07 – 09/17/07)
- Utilization reviews (02/08/08 – 02/14/08)

- Office notes (02/01/08 – 02/15/08)
- FCE (01/29/08)
- Radiodiagnostics (02/06/08)
- Utilization reviews (02/08/08 – 02/14/08)

ODG have been utilized for review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old female who was injured on xx/xx/xx. While pulling a pallet jack and rearranging boxes, she felt a strange shooting and popping sensation up and down her spine.

2007: On February 5, 2007, the patient was evaluated by, D.C., for pain to the wrists, cervical spine, and lumbar spine. Examination revealed diminished range of motion (ROM) of the affected parts and paresthesias. She was kept off work and was treated with therapy and a transcutaneous electrical nerve stimulation (TENS) unit.

M.D., diagnosed sprain of the cervical spine, thoracic spine, lumbar spine, elbows, wrists, and hands. He treated the patient with trials of Lortab, Flexeril, Restoril, Xanax, Soma, Norco, and Zolof. The patient was referred for behavioral medicine consultation for her affective distress. Her Beck Depression Inventory-II (BDI-II) and Beck Anxiety inventory (BAI) scores were 36 and 20 respectively. She was diagnosed with moderate major depressive disorder (MDD). The patient attended 16 sessions of individual psychotherapy.

X-rays of the cervical spine revealed straightening of the curvature and early disc space thinning and osteoarthritic changes at C5-C6. X-rays of the lumbar spine revealed osteophytic changes at mid lumbar levels associated with gentle listing deformity at the thoracolumbar junction on the right. Magnetic resonance imaging (MRI) of the lumbar spine revealed: (1) L2: mild degree superior plate anterior width compression fracture. (2) L3-L4 and L4-L5: Posterior central annular tears associated with 2-mm focal posterior central disc protrusion at L4-L5. Disc desiccation. (3) L5-S1: 4-5 mm posterior central and left paracentral disc protrusion mildly indenting the thecal sac. MRI of the cervical spine revealed straightening of the lordosis consistent with muscular pain or spasms.

M.D., a designated doctor, opined that the injury did not extend to the cervical area and the patient was capable of basic self care. In a physical performance evaluation (PPE), the patient qualified at a sedentary-light physical demand level (PDL) against the required medium PDL.

The patient underwent lumbar epidural steroid injections (ESIs) x2 without any significant benefit.

From October through November, the patient attended six sessions of work conditioning program (WCP).

D.O., recommended long-acting opioid and short-acting opioid therapy, muscle relaxant therapy, and trazodone for sleep. M.D., prescribed Norco, Xanax, Zoloft, and Soma.

2008: M.D., felt the patient was a candidate for discogram/ computerized tomography (CT). In a functional capacity evaluation (FCE), the patient qualified at a sedentary PDL. A request for 20 sessions of chronic pain management program (CPMP) was made. Dr. diagnosed reactive depression and felt the patient was a good candidate for a multidisciplinary pain program.

In February, x-rays of the lumbar spine revealed disc space thinning at L5-S1 associated with facet arthrosis subjacently and hypolordosis of the spine due. Flexion/extension x-rays revealed restrictive ROM of the mid lumbar region. X-rays of the cervical spine revealed straightening curvature possibly due to spasm or positioning and thinning of the disc and osteophytic changes at C5-C6.

On February 8, 2008, the request for 20 sessions of CPMP was denied by , Ph.D. Rationale: *“On February 8, 2008, I spoke with Dr. at 9:30 am and at 12:30 pm plus three voice mails. She provided extensive explanation for rationale. However, per Dr. they believe that the patient is a surgical candidate. This is also noted with conflicting information in a note from Dr. dated January 29, 2008. X-rays were recently requested, but there is no documentation clarifying this. She has had extensive individual therapy and her scores are higher currently for depression and anxiety, largely due to ongoing stressors, per Dr.. It is not clear that all medical issues have been resolved which needs to occur prior to consideration for CPMP. Based on the available information, the request does not appear to be reasonable or necessary per evidence-based guidelines.*

On February 14, 2008, the request for reconsideration of CPMP was denied by M.D. Rationale: *“At your request, I have reviewed the medical records pertaining to the above captioned claimant at which time a preauthorization review was performed for medical necessity. On February 14, 2008, I called and left the message for peer-to-peer. On February 15, 2008, I spoke at length with Dr.. I requested something in writing regarding no future plans for surgery. She said that she would try to get it today or early next week. She stated xxx has a position for patient. No receipt of additional documentation addressing surgery as no longer being considered. “*

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

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

