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Notice of Independent Review Decision

Amended May 16, 2008

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DATE OF REVIEW: MAY 15, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program x 20 sessions (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 physiatrist. The reviewer is national board certified in physical medicine rehabilitation as well as pain medicine. The reviewer is a member of The American Academy of Physical Medicine and Rehabilitation, International Spinal Intervention Society, American Society for Intervention Pain Physicians. The reviewer has been in active practice for 10 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 Chronic Pain Management Program x 20 sessions (97799)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

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- Utilization review (03/07/08 – 04/11/08)

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- Office notes (02/28/08 – 04/04/08)

Healthcare:

- Office notes (10/31/07 – 04/16/08)

ODG criteria have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old male who was working as a and was lifting something heavy on xx/xx/xx, at which time; he experienced pain in his right shoulder, neck, and back.

In xx/xx, M.D., evaluated the patient for right shoulder pain associated with parascapular myospastic syndrome. Initially, the patient had been treated with right rotator cuff repair x2 and was utilizing Darvocet-N and Lidoderm patches. He reported some difficulty sleeping secondary to myospastic episodes. On examination, there was decreased range of motion (ROM) of the right shoulder, a mild-to-moderate right parascapular myospastic component with mild acromioclavicular (AC) joint and glenohumeral joint tenderness with hypoesthesia at C5 and C6. Dr. assessed right shoulder impingement and right parascapular myospastic syndrome status post right rotator cuff repair x2. He prescribed Darvocet-N, Lidoderm patch, and Soma.

In January 2008, he recommended a chronic pain management program (CPMP).

On February 28, 2008, L.P.C., performed a psychological evaluation. The patient had been treated with physical therapy (PT), steroids, topical analgesics, and electrical stimulation unit with little help. The patient reported interruptions in his sleeping habits due to pain. His Beck Depression Inventory (BDI) score was 19, Beck Anxiety Inventory (BAI) score was 29, and McGill Pain Questionnaire was 22. The identified problems included chronic pain syndrome, inadequate coping skills to manage emotional stress, significant period of disability, symptoms of depression/anxiety, and inability to return to work due to above problems. An interdisciplinary chronic pain management program (CPMP) was recommended for two weeks. A physical performance evaluation (PPE) was carried out, in which the patient functioned at the sedentary-to-medium physical demand level (PDL) and the evaluator suggested a minimum of 10 days of CPMP.

On March 7, 2008, a request for CPMP was denied with following rationales: *The patient currently reports mild symptoms of depression and severe symptoms of anxiety. There is minimal assessment provided of psychosocial factors or nonmedical obstacle that may be contributing to the maintenance of symptoms in this patient. Criteria utilized for this denial was ODG chapter I guidelines indicating the following variables that have been found to be negative predictors of efficacy of treatment with the program as well as negative predictors of completion of the program: (1) A negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) A negative outlook about future employment; (4) High level of psychosocial distress (higher pretreatment level of depression, pain, and disability); (5) Involvement in financial*

disability disputes; (6) Greater rates of smoking; (7) Duration of pre-referral disability; (8) Prevalence of opioid use; and (9) pretreatment levels of pain. These factors present a poor prognosis for the requested treatment, as these factors are not assessed or addressed in the evaluation. Guidelines indicate a patient may be considered for outpatient rehabilitation and an adequate and thorough evaluation has been made.

On April 11, 2008, an appeal for the CPMP was non-certified with the same rationale as given earlier.

On April 16, 2008, the patient was seen by Dr.. He had jointed and was utilizing aqua therapy to address his right parascapular myospastic shoulder girdle. Dr. continued medication management with Darvocet-N, Soma, Lidoderm patches, and recommended follow-up in three months.

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

THE CLINICAL PICTURE DOES NOT MEET ANY PUBLISHED ENTRY CRITERIA INCLUDING LACK OF PARTIAL PROGRESS WITH ANY VALIDATED TREATMENTS; INDICATING A PREDICTION FOR TREATMENT FAILURE WITH A CPMP.

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

DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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, Grasdahl 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.