

# MATUTECH, INC.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** October 22, 2008

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

80 hours of chronic pain management program.

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

Diplomate American Board of Physical Medicine & Rehabilitation  
Subspecialty Board Certification in Pain Medicine  
Diplomate American Board of Electrodiagnostic Medicine  
Member-ISIS, ASIPP

**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 has been utilized for the denials.

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who was injured on xx/xx/xx/, when she was coming down the stairs and started to fall. She caught herself by holding onto the railing and twisted her right arm and wrist.

The patient was initially seen by D.C., who placed her in a wrist splint. X-rays of the right hand and wrist were noted unremarkable except for moderate degenerative joint disease (DJD) predominantly localized to the trapezium, the first metacarpal articulation. Magnetic resonance imaging (MRI) of the right wrist obtained in February showed a small ganglion cyst on the volar aspect of the radiocarpal joint and mild-to-moderate to first carpometacarpal joint degeneration.

The patient was seen by orthopedist M.D., who obtained an MR arthrogram that showed minimal degenerative changes in the wrist. He prescribed hydrocodone, Celebrex, and diclofenac patches and referred the patient to Dr. and Dr. as she did not have any lesions that needed to be addressed surgically.

Dr. noted complaints of continued right shoulder, cervical and right knee pain which the patient rated at 6/10. She had completed nine days of work hardening program (WHP) and was performing at the light/medium physical demand level (PDL) versus medium PDL required by her job. Dr. recommended additional 10 days of WHP.

On July 1, 2008, Ph.D., performed a health and behavioral evaluation. On Beck Anxiety Inventory (BAI), the patient scored within the mild range of anxiety symptoms while the Beck Depression Inventory (BDI) was within minimal range of depressive symptoms. Dr. diagnosed pain disorder associated with both psychological factors and work-related injury; sprain/strain of the neck, thoracic spine, and wrist; and contusion of the knee. He recommended an interdisciplinary chronic pain management program (CPMP) for 80 hours.

On July 10, 2008, M.D., denied the request for CPMP with the following rationale: *“Under current guidelines, no more than a two-week trial when initiating chronic pain management is recommended. The total duration of treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy documented by subjective and objective gains. The request is not certified.”* Pre-authorization notes indicated the following: *“The patient’s treatment has included nine weeks of physical therapy (PT), medications, epidural steroid injections (ESIs), 10 days of work hardening, and two days of individual psychotherapy visits. She continues to be depressed with decreased participation in activities due to emotional stress, limitations, and pain. WHP note states improvement has been noted but range of motion (ROM) deficits remain and weakness in her right upper extremity.”*

On August 1, 2008, M.D, denied the appeal for CPMP with the following rationale: *“Under current guidelines no more than two-week trial when initiating CPMP is recommended. The total duration of treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy documented by subjective and objective gains. The request is not certified. No additional clinical information is provided to support this request. The patient has had 10 sessions*

*of WHP during which time she showed improvement in lifting capabilities from 31 lbs to 41 lbs and a slight increase in endurance activity. She was taken out from the program after 10 because she did not have a job to return to. She only completed two of six individual psychotherapy sessions due to denial problems. She had already improved in her Beck Depression and Anxiety values. It appears that the patient has shown excellent progress with lower levels of care and would continue to progress without the necessity of more comprehensive CPMP hence the request was denied.*

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

The information provided by Dr. does indicate ongoing pain with lack of response to WHP. The patient has been through interventional pain management and has not been felt to be a surgical candidate. The current request for 80 hr PMP is excessive and not consistent with ODG which does allow for a trial of PMP to determine compliance and monitoring for objective signs of benefit. The current request for 80 hrs PMP is not reasonable or necessary per ODG.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**