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DATE OF REVIEW: May 19, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic pain management program x10 days

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

The reviewer is a psychologist licensed in the state of Texas with Health Service Provider designation. He is listed in the National Register Of Health Service Providers in Psychologists and is a member of the American Psychological Association and the International Neuropsychological Society. He provides clinical psychological and clinical neuropsychological services. He has been in private practice for the past 31 years.

REVIEW OUTCOME

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

Overturned (Disagree)

Medical documentation **supports the medical necessity** of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI

- Utilization reviews (03/26/09 and 04/23/09)
- Office visits (03/23/09 – 04/16/09)
- Utilization reviews (03/26/09 and 04/23/09)
- Office visits (09/26/08 – 04/23/09)
- Diagnostics (05/20/00 – 05/29/08)
- PPE (03/12/09)
- Utilization reviews (03/26/09 and 04/23/09)

ODG criteria have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who injured his left wrist on xx-xx-xx, while moving an ATM machine into a bank location. The ATM machine was lifted with the patient

strapped to it to help guide it. The ATM machine shifted off the lifters, tilted to one side and dragged the patient with it injuring his left wrist.

2004 – 2007: No treatment information is available.

2008: In May, electromyography/nerve conduction velocity (EMG/NCV) study of the left upper extremity was performed by, M.D. The study revealed positive Sharp's in the left pronator quadratus and left flexor carpi ulnaris suggesting bilateral median motor/sensory and bilateral ulnar motor/sensory neuropathy localized at the wrist, left worse than right.

Magnetic resonance imaging (MRI) of the left wrist revealed: (1) Spotty mineralization of the distal radius, distal ulna and proximal distal carpal rows associated with absence of normally visible scaphoid bone. (2) A deformity of the lunate and its articulation with the proximal and distal carpal rows in the AP and sagittal planar projections.

In September, the patient underwent a behavioral medicine consultation with M.S., LPC. His pain level was 5/10 with intermittent elevations to 10/10. History was positive for three wrist surgeries related to the work injury. The patient scored 18 on Beck Depression Inventory-II (BDI-II) indicating mild depression and 10 on Beck Anxiety Inventory (BAI) reflecting mild anxiety. The evaluator diagnosed pain disorder associated with both psychological factors and general medical condition secondary to work injury and recommended immediate authorization for participation in low level of individual psychotherapy for a minimum of four weeks.

2009: On March 12, 2009, the patient underwent a physical performance evaluation (PPE).

D.O., evaluated the patient for left shoulder and left wrist pain. Dr. noted that the patient had tendon surgery in the forearm as well as wrist surgery with arthrodesis. Examination of the left wrist revealed a wrist splint and tape, a lot of pain to palpation in the area, decreased range of motion (ROM) of the left shoulder, difficulty with abduction, and a well-healed surgical scar. Dr. assessed chronic left wrist pain and felt the patient was a good candidate for a chronic pain management program (CPMP).

In a PPE dated March 17, 2009, the evaluator recommended CPMP due to limited pain levels and decreased functional ADLs.

On March 26, 2009, request for a 10-day trial of CPMP was denied. The reviewer stated that the rationale for non-certification would be available upon written request. Conclusion: *"I discussed this case and requested procedure with Dr. The clinical indication and necessity of this procedure could not be established. The behavioral evaluation of 9/26/08 finds impression of pain disorder, which recommends that the patient be treated with psychotherapy, which is not the substance of this request. This evaluation is now nearly six months old. The report of 3/23 is a request for services: the clinical inferences therein are made by someone who has not seen the patient; and there is no current psychological evaluation or current or appropriate testing of this patient to establish candidacy for this program."*

In response to the denial, Dr. stated the following: The patient was utilizing Neurontin and medications for blood pressure; he had worked five months following the injury, but pain and functional problems required surgical intervention. Unfortunately infection set in and he required two additional surgeries. At this time he has not regained use of his left hand, has not returned to work, and experienced lifestyle changes and associated significant distress.

On April 23, 2009, Dr. denied the appeal for 10 days CPMP. The reconsideration utilized the same clinical review criteria and treatment standards referenced in the earlier review. The rationale for upholding the determination would be available upon written request.

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

The ODG recommends the following criteria for the general use of multidisciplinary pain management programs:

Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met:

- (1) An adequate and thorough evaluation has been made.
- (2) Previous methods of treating the chronic pain have been unsuccessful.
- (3) The patient has a significant loss of ability to function independently resulting from the chronic pain.
- (3) The patient is not a candidate where surgery would clearly be warranted.
- (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change.

Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains.

The issue in question is whether a thorough evaluation had been completed. One was performed 6 months prior to the request and would still be valid in determining candidacy for the tertiary program. The Beck Depression Inventory-II was discussed in terms of its efficacy for evaluating the claimant's suitability for the program. The Colorado Division of Workers Compensation does include the inventory in its list of "commonly" used tests in evaluating chronic pain patients.

The documentation provided meets the criteria recommended by the ODG. Therefore the request can be certified as medically necessary.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES