

MATUTECH, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: September 8, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Behavioral Health Evaluation to assess for chronic pain program (90801)

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:

Overturned (Disagree)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Operative report (02/21/08)
- Office visits (10/15/08 - 08/26/09)
- Diagnostics (02/12/09)

- Office visits (02/26/08 – 07/24/09)
- Utilization review (07/28/09)

- Carrier submission (08/27/09)

- Utilization reviews (07/28/09 – 08/07/09)

ODG have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old male who injured his left leg on xx/xx/xx, when he fell 15 feet while coming down a ladder.

2008: Following the injury, M.D., performed irrigation and debridement of open left tibia and fibula fracture, open reduction and internal fixation (ORIF) of left fibula fracture, and open reduction and intermedullary nailing of left tibia fracture under fluoroscopy. The postoperative diagnosis was grade 2 open left tibia and fibula fracture. The patient's left lower leg was placed in a boot. He was treated with Vicodin and Keflex, physical therapy (PT), and was placed off work.

In December, the patient reported worsening of symptoms. Examination revealed mild-to-moderate diffuse edema around the ankle and some in the posterior aspect of the knee. X-rays of the left tibia and fibula demonstrated well-healed fractures of both tibia and fibula, good position of lateral plate on fibula with no loosening or breakage, and good position of intramedullary nail in the tibia. Dr. recommended continuing his exercises and workout program and decided to set the patient up for a functional capacity evaluation (FCE).

2009: M.D., noted the patient had pain located in the left ankle laterally and anteriorly. Dr. referred the patient to a neurologist and to get an electromyography/nerve conduction study (EMG/NCS). Dr. noted mild swelling/hyperpigmentation to lateral ankle, decreased range of motion (ROM) to all planes, tenderness to lateral ankle, and decreased sensation to the left great toe.

On February 12, 2009, EMG/NCS of the lower extremities and the lumbosacral paraspinals was within normal limits.

In March, Dr. noted the patient had received an impairment rating (IR) of 12%. Examination revealed swelling to medial and lateral malleolus, a mildly antalgic gait, decreased ROM, moderate tenderness at the lateral malleolus and medial malleolus. Dr. ordered an FCE and placed the patient on modified duty with limitations.

In June, M.D., noted the patient continued to have chronic left ankle pain. Dr. ordered x-rays of the ankle and referred the patient to pain management at the earliest convenient time. M.D., recommended wearing an elastic stocking, keep the leg elevated, and revisit his orthopedic surgeon.

On July 21, 2009, M.D., noted over the last six months the pain had steadily worsened, accompanied with ankle swelling and hyperpigmentation of the foot. The patient was no longer working and he was no longer getting worker's compensation benefits and was financially getting strapped. He denied to be on any narcotic therapy and was utilizing occasional over-the-counter Advil for his pain. Dr. diagnosed intractable post fracture pain of the left ankle and possible complex regional pain syndrome (CRPS). He prescribed Neurontin and tramadol, recommended nuclear medicine bone scan, behavioral health, PT evaluation and treatment, and follow-up in two weeks.

On July 28, 2009, Ph.D., non-certified the request for behavioral health evaluation (90801) left fibula/tibia. Rationale: *"The patient does not demonstrate sufficient evidence of psychological symptoms to warrant a behavioral health evaluation at this time. There is no indication that the patient has psychological symptoms which have impeded his progress in treatment completed to date."*

On August 7, 2009, reconsideration of medical determination regarding the treatment ordered was again non-certified. Rationale: *“There is lack of documentation regarding psychological symptoms and basic psychiatric evaluation findings. Psychological symptoms are not sufficiently correlated with functional deficits and progress with treatment. Indicated reason for the proposed service is not clearly and adequately indicated. The request is deemed not medically necessary at this point and therefore the previous non-certification is upheld.”*

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

The information indicates chronic nonmalignant pain that is secondary to fractured ankle and possible CRPS. There are no further surgical alternatives and the patient by definition has chronic pain syndrome. Although further diagnostics and perhaps interventional pain techniques are being considered, the referral for psych is reasonable per ODG for assessment of any underlying depression or abnormal illness behavior that may effectively guide further treatment including possible PMP.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES