

# MATUTECH, INC.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** June 14, 2010

**IRO CASE #:**

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

10 visits (80 hours) of CPMP 5 per week for 2 weeks to the lumbar area, 97799-CP

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

Fellow American Academy of Physical Medicine and Rehabilitation

**REVIEW OUTCOME**

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

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Utilization reviews (04/27/10 - 05/10/10)
- Office visits (03/12/10 - 04/15/10)
- Diagnostic (05/19/09)

**Dr.**

- Office visits (03/12/10 - 04/15/10)
- Diagnostic (05/19/09)
  
- Office visits (06/11/09 –12/10/09)
- Procedures (06/18/09 – 12/03/09)
- Review (04/07/10)

**TDI**

- Utilization reviews (04/27/10 - 05/10/10)

**ODG have been utilized for the denials.**

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

The patient is a female who was injured on xx/xx/xx. She was scanning the boxes, when a stack of boxes fell over impacting her low back area while she was in a forward bent-over posture.

On May 19, 2009, electromyography/nerve conduction velocity (EMG/NCV) study of the lower extremities revealed left tibial/sciatic nerve injury, right sural nerve injury and contusion/traction nerve injury affecting the tibial branches of sciatic nerve more than peroneal.

D.O., a pain management physician, evaluated the patient for back pain requiring Ultram and hydrocodone. Examination revealed gait disorder and difficulty getting up to a standing position with pain radiating into both the legs. Dr. assessed low back pain with bilateral lumbar radiculopathy and weakness, performed epidural steroid injections (ESIs) at L5-S1 x2 with overall 60% improvement and recommended therapy. In November, the patient returned with complaints of pain in back with radiation to legs. Dr. noted paravertebral muscle spasm, hypertonicity L3 through L5 bilaterally, pain with extremes of flexion, extension and facet loading and bending and rotation exacerbating pain. On December 3, 2009, he performed lumbar medial branch block at L4-L5 and L5-S1 bilaterally with 20% improvement. The patient still used a cane to ambulate. Dr. referred her to an orthopedic surgeon and recommended chronic pain program if she was not a surgical candidate.

On March 12, 2010, M.D., noted following treatment history *magnetic resonance imaging (MRI) of the lumbar spine revealed intervertebral foraminal narrowing and a small annular tear at L4-L5 and mild-to-moderate foraminal stenosis at L5-S1. Following three medial branch block injections by Dr., the patient was seen at Alternative Pain Institute in Dallas and was managed with sympathetic therapy system (STS) treatment for three to four weeks with limited efficacy. She was seen by M.D., spine surgeon who opined the patient was not a surgical candidate and recommended management through a multi-disciplinary pain program.* The patient was increasingly frustrated and depressed and admitted having some thought of taking her life without a well-formed plan. She was utilizing Wellbutrin XL, Lexapro, Cymbalta, Lyrica, Voltaren gel, Amrix and Celebrex. Examination revealed marked tenderness with spasm from the costal margin down to the hips with particular exacerbation from L3 down to S1 levels, marked increase in pain with straight leg raising (SLR) test particularly on the left with radiation of pain into the left lower extremity. Dr. assessed left lower extremity radiculitis with hyperflexia, lumbar spine strain/sprain/posttraumatic myositis, spinal type chronic pain syndrome, sacroiliac (SI) joint strain/sacroccygeal spine strain/sacroiliitis and lumbar spine herniated nucleus pulposus (HNP) with spinal stenosis. He recommended multidisciplinary chronic pain management program (CPMP), increasing the use of transcutaneous electrical nerve stimulator (TENS) unit, the dose of Lexapro and recommended contacting EMS for transport to the Parkland Hospital Psychiatric Emergency Room whenever necessary.

The patient was seen at Institute. History was positive for hypertension, motor vehicle accident (MVA) and low back injury. She was recommended CPMP. Later, the patient was seen at xxx and was noted to be performing at sedentary

light lifting capacity. She reported a pain level of 9/10. The evaluator recommended CPMP.

On April 7, 2010, , M.D., performed a peer review and noted that Dr. a designated doctor, had assessed maximum medical improvement (MMI) on December 4, 2009, with 0% impairment. Dr. rendered the following opinions: (1) The extent of injury was contusion/sprain of the lumbar spine. (2) The MRI was consistent with degenerative changes with bilateral foraminal stenosis. (3) After MMI date of December 4, 2009, there was no indication for further treatment of any kind.

On April 15, 2010, , Ph.D, performed a chronic pain management evaluation. The patient scored 49 on Beck Depression Inventory (BDI) and 50 on Beck Anxiety inventory (BAI). Minnesota Multiphasic Personality Inventory (MMPI-2) was not interpretable due to invalid scales. Dr. assessed chronic pain disorder associated psychological factors and a general medical condition and single major depressive episode severe without psychotic features. He opined that the patient would benefit from complete and intensive 20 day CPMP.

Per utilization review dated April 27, 2010, request for chronic pain management 5 per week for 2 weeks lumbar was denied with the following rationale: *"The request for a chronic pain management program five times a week for two weeks lumbar is not medically necessary at this time. The clinical documentation indicates the patient has been previously treated with physical therapy and psychotherapy; however, no physical therapy summaries or psychotherapy notes were submitted for review. The patient is noted to have a history of suicidal ideations. The patient is noted to have a severe level of depression and anxiety as indicated on elevated psychometric testing scores. In addition, the patient is noted to have invalid responses on the MMPI-2. ODG recommends chronic pain management programs when "previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement." Additional clinical documentation would need to be submitted for review to establish previous methods have been unsuccessful in treating the patient's chronic pain to include physical therapy and psychotherapy notes. As such, medical necessity for the request for a chronic pain management program five times a week for two weeks lumbar is not established at this time."*

On April 30, 2010, Dr. appealed for 10 days of CPMP and stated that delay of treatment will only increase the likelihood of symptoms worsening and there was much improvement to be made both physically and psychologically.

Per reconsideration review dated May 10, 2010, appeal for chronic pain management 5 per week for 2 weeks lumbar was denied with the following rationale *"The request for chronic pain management 5 x wk x 2 wks is not recommended as medically necessary. The patient's MMPI testing was invalid which is suspicious. The patient has not responded to individual psychotherapy as evidenced by exceedingly high Beck scales. The patient underwent 18 physical therapy sessions without any real progress. Given the current clinical data, the requested chronic pain management program is not indicated as medically necessary."*

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

**THE NEED FOR A CHRONIC PAIN MANAGEMENT IS NOT SUPPORTED IN THE MEDICAL RECORDS RECEIVED AND REVIEWED. THE MMPI IS INVALID, THE DESIGNATED DOCTOR REPORTED NO RESIDUALS, MRI SUPPORTS CHRONIC CHANGES, MEDICATIONS ARE MINIMAL, POOR RESPONSE TO INDIVIDUAL PSYCHOTHERAPY AND SHE COMPLETED EIGHTEEN SESSIONS OF PHYSICAL THERAPY. THEREFORE, THE REQUEST WAS DENIED.**

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

- X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
  
- X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**