

MATUTECH, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: April 19, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Multidisciplinary chronic pain management program x daily x 2 weeks for 10 visits
(97799-CP)

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

Clinical Psychologist

Member American Psychological Association,

Member International Neuropsychological Society

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

- Office visits (11/24/10 – 12/13/10)
- PPE (02/25/11)
- Utilization Reviews (03/10/11, 03/23/11)
- Request for reconsideration (03/15/11)
- IRO Request
- Request for medical dispute resolution (04/05/11)

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male who had been working for about three months when he alleged injury on XX/XX/XXXX. He was using a pry bar to pull out stakes from the ground. When he went to push down on the pry bar, it slipped off of the stake; he fell forward onto his hands and knees causing him to feel a sharp pain to his lumbar spine.

Following the injury, the patient was referred to the company doctor where he was prescribed medications and was returned to work without restrictions. He continued with the same doctor for about two weeks during which time he did not undergo any physical therapy. Subsequently, he was treated with medications and transcutaneous electrical nerve stimulation (TENS) unit. In May, he presented to a clinic where he was started on conservative treatment. He underwent magnetic resonance imaging (MRI) of the lumbar spine in June 2010, that showed multilevel Schmorl's nodes with no acute fracture, no kyphosis; and patent central canal and neural foramina. Electromyography/nerve conduction velocity (EMG/NCV) study was suggestive of acute and possibly bilateral L5 radiculopathy and a mild sensory neuropathy of unclear etiology.

In a peer review performed in July, the physician opined that the injury should have been resolved by April 27, 2010; no further treatment was reasonable and necessary; the compensable injury was contusion of the knees and hands, which had resolved; and the patient would have reached maximum medical improvement (MMI) by May 3, 2010.

Per PLN 11 dated July 13, 2010, and August 18, 2010, indicated the following: No other conditions resulted nor were affected by the original incident including but not limited to "Schmorl's nodes, lumbar displacement, lumbosacral radiculitis, cervical abnormalities, depression, anxiety, emotional disorder, left hip joint disorder, pain/numbness ventral left leg, and sexual dysfunction." These conditions were disputed. The compensable injury was limited to soft tissue lumbar only.

In November 2010, M.D., assessed lumbar sprain/strain and lumbar disc disease without myelopathy and managed the patient with Lortab, Skelaxin and amitriptyline.

On December 2, 2010, D.C. from clinic, noted complaints of persistent low back pain and joint pain involving the single joint with pain radiating down to the left leg associated with left leg tingling and numbness. He noted the patient reported the pain was constant and been present for more than six months. Dr. recommended continuation of pharmacological, nonpharmacological and other approaches to prevent/reduce/or stop pain complaints per Dr. He stated due to the present symptomatology, the patient was unable to participate in any work activities.

On December 13 2010, Ph.D., performed psychological evaluation at clinic. Dr. stated that the patient's psycho-physiological condition had been preventing him from acquiring the level of stability needed to adjust to the injury, manage more effectively the pain and improve his level of functioning. Psychiatric history was positive for a suicidal attempt at the age of 18, but the patient denied receiving any forms of mental health therapy in an inpatient or outpatient mental health facility. On examination, the Beck Depression Inventory (BDI) score was 39 and Beck Anxiety Inventory (BAI) score was 42. Dr. diagnosed chronic pain disorder associated with both psychological factors and a general medical condition, chronic; adjustment disorder with mixed anxiety/depressed mood, chronic; sleep disorder due to a general medical condition; and chronic pain and recommended 10 sessions of a behavioral multidisciplinary chronic pain management program (CPMP).

In February 2011, the patient underwent a physical performance evaluation (PPE) at clinic by Dr. in which he put forth his maximum effort. In FABQ testing, he scored 42. He qualified at a light physical demand level (PDL). The evaluator recommended behavioral assessment evaluation to rule out depression, anxiety disorders and posttraumatic stress due to his signs and symptoms of depression. He was also recommended possibly a CPMP.

On March 10, 2011, M.D., denied the request for CPMP x daily x 2 weeks for 10 visits with the following rationale: *"The request for chronic pain management program x daily x two weeks for 10 visits is not medically necessary. The patient is a XX-year-old male with low back pain and radicular symptoms. Official Disability Guidelines (ODG) suggest in the multiple criteria for pain management program admission that all diagnostic procedures necessary to rule out treatable pathology, including imaging studies and invasive injections have been completed prior to consideration for candidacy in a program. The documentation submitted for review*

is insufficient to indicate that the patient has undergone prior conservative therapies or more invasive procedures as a means to rule out treatable pathologies. There was insufficient documentation submitted for review to indicate that the patient has undergone prior psychiatric treatments and their benefit in treating the patient's pain as it related to his injury. As such, the request for chronic pain management program x daily x two weeks, for 10 visits is not medically necessary."

On March 15, 2011, Dr. requested reconsideration for CPMP and stated the patient had exhausted all lower levels of care and was pending no additional procedures and he met the criteria for the general use of multidisciplinary pain management program, according to ODG.

On March 22, 2011, Ph.D., performed an appeal review and denied the request for CPMP x 10 visits with the following rationale: *"Based on the clinical information provided, the request for CPMP x 10 visits is not recommended as medically necessary. The patient's Beck scales are extremely elevated and there is no indication that the patient has undergone a course of individual psychotherapy. The patient has not exhausted lower levels of care and is not an appropriate candidate for this tertiary level program. The patient appears to have an exaggerated response to anxiety.*

On April 5, 2011, Dr. requested for Medical Dispute Resolution process for CPMP x 10 visits.

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

The claimant had been treated for a back sprain that occurred on XX/XX/XXXX. He had been treated conservatively, however his pain persisted and he remained dysfunctional. A psychological evaluation noted extremely high levels of anxiety and depression. These levels occur when there is symptom exaggeration and/or severe psychosocial distress. Ten sessions of a chronic pain management program were requested. The request was denied because it was unclear if all lower levels of care had been exhausted including individual psychotherapy. The denial was appealed writing that no other treatments were being considered. Dr. denied the medical necessity of the appeal because negative predictors of success, such as elevated levels of psychosocial distress, were not addressed prior to referral to the program, section 8 (d) of the ODG chapter on the treatment of chronic pain. The records indicate that no efforts had been made to address these high levels of psychosocial distress through individual psychotherapy and/or psychotropic medications. The ODG recommends individual cognitive behavioral psychotherapy and medication for the treatment of extreme levels of depression and anxiety. The documentation provided does not support the medical necessity of the request for a chronic pain management program.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES