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DATE OF REVIEW: November 28, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic pain management program - 10 days initial trial – outpatient

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

International Neuropsychological Society

American Psychological Association

Listed in the National Register of Health Service Providers in Psychology

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

TDI:

- Utilization reviews (09/08/11 – 9/26/11)
- Office visits (01/11/11 – 09/19/11)
- Therapy (06/21/11)
- Utilization reviews (9/08/11 – 9/26/11)
- Utilization reviews (9/08/11 – 9/26/11)

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury to her left knee on xx/xx/xx while performing her duties.

Initially, the patient was seen at Hospital of emergency room (ER) where x-rays were obtained and she was prescribed medication. She underwent a sonogram and received two corticosteroid injections into her left knee. She then underwent left knee surgery on March 2, 2010.

Magnetic resonance imaging (MRI) of the left knee was performed on August 17, 2010, which revealed a tear involving the posterior horn and body of the medial meniscus. The findings represented a variant of bucket-handle type of tear with associated marrow edema within the medial femoral condyle and medial tibial plateau likely representing contusion. There was associated grade II MCL sprain and chondromalacia in the medial compartment. The patient had been referred to Dr. for possible second surgery of her left knee.

In January, the patient underwent initial behavioral medicine consultation to assess her emotional status and to determine the relationship to the work accident. She complained of sharp pain with numbness and burning in the left knee and difficulty falling asleep due to pain. Her symptoms included irritability, restlessness, frustration, anger, muscle tension/spasm, nervousness, worry, sadness, depression, sleep disturbance and forgetfulness. Results of the Beck Depression Inventory type II (BDI-2) and the Beck Anxiety Inventory (BAI) were 44 indicating severe depression and 41 reflecting severe anxiety respectively. Her responses on the Fear Avoiding Belief Questionnaire (FABQ) showed significant fear avoidance of work (FABQ-W=40) and she did show significant fear avoidance of physical activity in general (FABQ-PA=21). She was diagnosed with pain disorder and depression and was recommended a psychotropic medication reevaluation and participation in a low level of individual psychotherapy for a minimum of six weeks.

In June, physical performance evaluation (PPE) revealed the patient could not safely do her job without restrictions. The evaluator recommended a multidisciplinary chronic pain management program (CPMP) to further address mental and psychological issues that were complicating her progress.

The patient underwent an evaluation for CPMP in which the test revealed FABQ-W score of 28, FABQ-PA score of 18, BDI II score of 41, BAI score of 38 and Oswestry Disability Index (ODI) of 60%. Mental examination revealed impairment of recent memory and forgetfulness worsening over the past year. The patient was diagnosed with pain and bipolar disorder and was recommended participation in CPMP in order to increase her physical and functional tolerances, reduce subjective pain complaints and decreased distress and emotional symptoms.

M.D., noted pain in the left knee with difficulty walking. The patient did not know whether she could participate in a CPMP because of financial constraints. Examination of the left knee revealed well-healed arthroscopic scars, chronic arthritic changes and mild crepitation with extension and flexion. Dr. submitted a request for CPMP.

In August, the patient underwent psychological testing in which results showed that she had scored 49 on the BDI-II indicating severe depression and BAI was 42, reflecting severe anxiety. The patient was recommended authorization for an initial 10 days trial of CPMP.

On September 8, 2011, Ph.D., denied the request for 10 sessions of CPMP based on the following rationale: *“The clinical indication and necessity of this procedure could not be established. The psychological evaluation of August 16,*

2011, finds impressions of pain disorder and bipolar disorder. However, this is inadequate as an evaluation for admission to a comprehensive pain rehabilitation program. No records were obtained on treatment for the bipolar disorder; no medications are specifically reported for this (it is unclear who is writing the Prozac prescription), despite admitted ongoing psychiatric treatment; duration and response to the treatment are unknown; and there is no data provided in the current assessment with respect to rule out or affirming this diagnosis. The patient invalidated the MMPI-2-RF, which raises suspicion in regards to how clinically significant the bipolar problem is. In addition the employed psychometric assessment is inadequate to support the offered diagnosis or explain the clinical problems, to assist in ruling out other conditions which may explain or contribute to the symptoms (such as the bipolar), and to help design and predict response to treatment; and there is no "thorough behavioral psychological examination" to provide a reasonable "manifest explanation for the etiology and maintenance of patient's clinical problems"

On September 19, 2011, in a reconsideration for preauthorization of CPMP the physician stated that despite Dr. of patient having a BMI of 35, obese class II, patient had an adequate blood pressure reading to endure an 8-hour chronic pain program. The ODG did not address that patient should be a specific weight as a requirement for entry into the program. The patient had been diagnosed with bipolar disorder and was being managed on her psychiatric medications of Prozac, Tegretol and Klonopin. She had this diagnosis before her injury and it certainly did not affect her ability to return to work. The PPE revealed the current physical demand level was light as to the required PDL of light to medium. Thus, there were deficit areas for improvement and hence CPMP was necessary.

On September 26, 2011, Ph.D., denied the appeal for 10 sessions of CPMP based on the following rationale: *"A psychiatric disorder was reported. According to Dr., the patient had been treated for bipolar disorder for several years, but no review of records or further assessment of this patient's disorder was provided. This is also inconsistent with the criteria that state a patient may be appropriate for a chronic pain management program when "The diagnosis is not primarily a personality disorder or psychological condition without a physical component". The premorbid psychiatric disorder is not adequately assessed in the evaluation. Thus, this is not an adequate and thorough multidisciplinary evaluation as required by current guidelines. It remains unclear why such an excessive interdisciplinary treatment program would be needed for an individual who had already returned work. Thus, there is no evidence provided to indicate that the treatment team has exhausted all appropriate treatments for this patient, a clinical indication for chronic pain management program. Thus, the request is inconsistent with the requirement that there is an absence of other options likely to result in significant clinical improvement and all diagnostic procedures necessary to rule out treatable pathology, including imaging studies and invasive injections (used for diagnosis), should be completed prior to considering a patient a candidate for program. The premorbid psychiatric disorder which is a negative predictor of success is not assessed. ODG recommends "an adequate and thorough multidisciplinary evaluation" and "negative predictors of success above have been addressed" before the appropriateness of a chronic pain management program can be determined. Thus, this is not an adequate and through multidisciplinary evaluation of this patient to determine the appropriateness of a chronic pain management as required by current guidelines."*

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

THE REQUEST FOR 10 SESSIONS OF A CHRONIC PAIN MANAGEMENT PROGRAM WAS DENIED AND THE APPEAL OF THE DENIAL LEAD TO THE INITIAL DENIAL BEING UPHELD. THE ESSENTIAL ISSUES LEADING TO THE DENIAL WERE THAT THE PSYCHOLOGICAL EVALUATION DID NOT ADEQUATELY ADDRESS SIGNIFICANT NEGATIVE PREDICTORS OF SUCCESS IN THE PROGRAM. THE CLAIMANT HAD EXAGGERATED SCORES ON A NUMBER OF THE TEST OF THE EVALUATION, INCLUDING AN INVALID RESPONSE SET ON THE MMPI-RF. THERE IS NO INDICATION THAT ANY EFFORT TO EXPLAIN THESE EXAGGERATED AND INVALID RESPONSES WERE MADE TO DETERMINE IF THE CLAIMANT IS SUITABLE FOR THE PROGRAM. THE CLAIMANT IS WORKING 18 HOURS ON THE WEEKENDS AS YET CLAIMS 9/10 PAIN LEVELS, AND INORDINATELY HIGH LEVELS OF ANXIETY AND DEPRESSION. A PRE-EXISTING BIPOLAR DISORDER WAS NOTED THAT HAS BEEN TREATED WITH MEDICATIONS AND THE CLAIMANT CONTINUES TO REPORT EXAGGERATED LEVELS OF ANXIETY AND DEPRESSION.

THE TREATMENT PLAN PROVIDED DOES NOT ADDRESS HOW THE PROGRAM WOULD DEAL WITH THESE UNUSUALLY HIGH LEVELS OF DEPRESSION AND ANXIETY TO IMPROVE THE POTENTIAL EFFECTIVENESS OF THE PROGRAM FOR THIS CLAIMANT.

WITHOUT THE ADDITIONAL EVALUATION ADDRESSING THE PSYCHOLOGICAL FACTORS THAT WERE EVIDENT IN THE PSYCHOLOGICAL EVALUATION AND THE PROGRAM NOT ADDRESSING HOW THE TREATMENT PLAN WOULD BE ADJUSTED TO DEAL WITH THESE NEGATIVE PREDICTORS, THE REQUEST DOES NOT MEET THE ODG FOR MEDICAL NECESSITY. SEE THE ODG CHAPTER ON THE MANAGEMENT OF CHRONIC PAIN AND THE IMPORTANCE OF ADDRESSING NEGATIVE PREDICTORS OF SUCCESS.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES