

MATUTECH, INC.

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Notice of Independent Review Decision

Date: August 31, 2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

40 hours chronic pain management program (Code 97799-CP)

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

American Board of Family Practice

REVIEW OUTCOME:

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

Upheld (Agree)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Official Disability Guidelines were used for denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was walking on grass, when her left foot dropped down and she realized that she had fallen into a large grass covered hole. Her foot and leg were in the hole and her right leg bent, as she tried to pull herself out of the hole. This resulted in injury to both knees. She was initially treated by her company doctor and was later released to light duty. She was then sent to another work-site location and had to drive significantly longer which caused her more pain and time away from work.

Following the injury the patient was treated by her company doctor. She was then referred to NOVA where she underwent x-rays and was released to light duty work. Her doctor treated her with physical therapy (PT) and prescribed analgesics. The patient had to drive significant longer and had increase in her pain. She was then evaluated by Dr. for pain and limitations due to her work-related injury which prevented her from working. The patient complained of physical pain and suffering, personal mental stress, feeling sad, loss of pleasure from things she used to enjoy, more irritable than usual and feeling easily tired. She believed that her presenting problems affected her virtually all the time and

overall severity was judged as moderate to severe. The patient had undergone x-rays, magnetic resonance imaging (MRI) and work capacity evaluation (WCE). She had been treated with PT, transcutaneous electrical nerve stimulation (TENS) unit, warm/cold compresses, and surgery to each knee and pain medication management as well as medical supportive care. She had been seen by various consultants and was treated by several doctors with a consensus that she was suffering from chronic pain syndrome without a successful return to work. Her problem areas included pain focus, poor coping strategies, vocational concerns, symptoms of depression and anxiety and decreased endurance. Examination showed that the patient scored 20 on Beck Depression Inventory (BDI) consistent with moderate depression and 11 on Beck Anxiety Inventory (BAI) consistent with mild anxiety. A behavioral description included a depressed and irritable mood, loss of energy, sleep disturbance, loss of interest in sex and psychomotor retardation. The evaluator diagnosed pain disorder associated with both psychological factors and a general medical condition and injury-related major depression. She recommended chronic pain management program (CPMP) with goals to decrease pain rating and BDI and BAI scores. The patient also underwent WCE and performed at a light physical demand level (PDL) versus heavy PDL required by her job. This indicated a moderate functional deficit.

Pain management, stated that the medical necessity for CPMP was supported by the following: The patient had sustained a compensable injury which had resulted in chronic pain and chronic functional limitations, other lower levels of treatment intervention had been exhausted, the patient needed to learn alternative methods of controlling her pain and diminished her dependence on the analgesics, she had pain disorder associated with both psychological factors and a general medical condition and major depressive disorder, moderate, she had undergone medication management with the anti-depressant medication Zoloft, her depressive reaction required intense treatment through the multifaceted behavior and CPMP in order to adequately affect her status. She requested for 80 hours of CPMP.

Psy.D., noted that the patient was attending CPMP sessions. She noted that current BDI score was 8 and BAI score was 10. The patient was independent in dressing and showering with difficulties/modifications due to lumbar spine and bilateral knee injuries, she was able to prepare simple meals and was able to do light maintenance of home environment. The patient reported that since participating in the program she felt that her general condition was improving and she was more active. She was tolerating her daily exercise routine with less complaints about increased pain. PsyD requested for ten additional sessions of the CPMP. In July, she requested for five days extension. She opined that the patient continued to exhibit sincerity and was benefiting from her pain management treatment involvement. She was demonstrating a progressive pattern of developing adaptive coping skills to ameliorate her psychological distress that was associated to her injury. She had also shown progress in areas including new knowledge regarding chronic pain dynamics and how to deal with it in a more effective manner. She was open to trying new learned techniques to reduce her pain. Although her confidence in her abilities had improved slightly,

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she was still fearful that activity would cause her increased pain. Her depressive symptoms remained active and warranted continued treatment. The patient remained receptive to cognitive behavioral psychotherapy which was enabling her to more clearly identify her coping skills. She was also engaged in counseling that was addressing her fears, anxiety, and vocational needs. The goals of treatment were to make the patient more aware of the issues that triggered her negative feelings and increase her pain and reduce her symptoms of depression via cognitive-behavioral therapy, reducing her medications and learning and implementing relaxation technique as a specific means to manage severe levels of discomfort.

A repeat WCE placed the patient at a light to medium PDL versus a heavy PDL required by her job. This indicated a moderate functional deficit.

Per utilization review dated July 9, 2012, the request for 40 additional hours of CPMP to the bilateral knees and lumbar spine over two weeks including 97799 was denied with the following rationale: *“Based on the clinical information provided, the request for 40 additional hours of CPMP is not recommended as medical necessary. The claimant has completed 160 hours of the program to date. The Official Disability Guidelines (ODG) support up to 160 hours of the program, and there is no clear rationale provided to support exceeding this recommendation. There is no documentation of significant improvement in the program. Despite 160 hours of CPMP the claimant’s PDL remains light, per progress note dated July 2, 2012. There is no updated physical examination or functional capacity evaluation (FCE) submitted for review. I discussed the case with the AP. They feel another week will help her get to heavy PDLs. But, I sense that this will not be successful. I do not recommend the additional program.”*

In an appeal Dr. responded to the denial and opined that the patient had demonstrated improvement with treatment in the CPMP thus far, achieving lower levels of depression and anxiety, achieving lower pain levels, overcoming her isolation, avoidance behavior, and perceived disability. The purpose of providing this program was also to extinguish the patient’s regular use of medications and dependence on the healthcare team. Although she has improved, she needed additional time to complete this process. She again requested for additional sessions of CPMP.

Per reconsideration review dated July 26, 2012, the request for 40 additional hours of CPMP to the bilateral knees and lumbar spine over two weeks including 97799 was denied with the following rationale: *“The request for 40 hours of CPMP to the bilateral knees and lumbar spine over two weeks including 97799 is not medically necessary and appropriate. The claimant has had a full 20 sessions. Her PDL had little increase. Her medications barely changed. The ODG support up to 160 hours of the program, and there is no clear rationale provided to support exceeding this recommendation. There is no documentation of significant improvement in the program. There is no indication to continue this program as she has had a thorough exposure to it with only minimal benefit.”*

Per utilization review dated August 13, 2012, the request for 40 additional hours of CPMP to the bilateral knees and lumbar spine over two weeks including 97799 was denied with the following rationale: *“Dr. confirmed the above clinical summary findings and told me that the patient has been on Soma (for muscle spasm) over one year, but not on any opioids. The patient has not returned to work in any capacity and if she does not get more CPMP sessions at this time she will be sent to Texas Department of Rehabilitation Services (DARS) and discharge after a follow-up visit. The patient’s pain levels have not decreased with previous treatment including CPMP and medication requirement have not been reduced. The patient’s ICDs are supported for major depressive disorder and psychogenic backache.”*

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

I have been asked to do and IRO on the claimant, who is a female who sustained an injury. There is a request for the claimant to receive an additional 40 hours of a chronic pain management program. I have reviewed the medical provided and previous treatments that have been rendered, which included surgery as well as pre and postoperative management including a chronic pain program. FCE’s also have been reviewed. There is documentation to support that the claimant has already received 160 hours of chronic pain management. The claimant has not returned to work at any capacity at the time of this dictation. She was placed at a Light-Medium PDL on a repeat WCE on 07/03/12. In the months that the claimant has been off work in addition to the 160 hours of CPM there has not been significant improvement in her condition. There is also mention regarding potential DARS/retraining in a different vocation. It is my opinion after reviewing the medical records that have been provided to me that there is no clear indication as to why an additional 40 hours would be medically necessary. Therefore, it is my opinion that the additional 40 hours should be declined. The Official Disability Guidelines support up to 160 hours of the program, which this claimant has already received.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES