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Notice of Independent Review Decision

Date: May 23, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic pain management program five times a week for two weeks

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:

TDI:

- Utilization reviews (04/10/13, 05/03/13)
- Office visits (01/18/13, 04/16/13)
- FCE (03/05/13)

ODG criteria have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who on xx/xx/xx, was pushing an object (with wheels) and the object got stuck and fell over. The patient attempted to stop the object from falling when the object struck her left hand and wrist.

On January 18, 2013, a therapist, evaluated the patient for input regarding treatment planning in particular referral for mental health treatment. She noted

the following history: "The patient was working. She was injured while performing her necessary job responsibilities. She was pushing an object (with wheels) and the object got stuck and fell over. The patient reported that she attempted to stop the object from falling when the object struck her left hand and wrist. The patient continued working however the pain continued to worsen in the following days. The date of injury was xx/xx/xx. The patient notified her supervisor on September 18, 2012, and was sent to the company doctor for treatment. She sought a second opinion on September 26, 2012, and was currently seeing for treatment. She had received several levels of treatment including x-rays, magnetic resonance imaging (MRI), physical therapy (PT), chiropractic care and pain medications; however, none seemed to have been completely successful in lowering her levels of pain." The patient complained of pain in her left hand and wrist. She reported that her pain seemed to radiate down both legs. She described her pain as constant, stabbing, throbbing, numbness, pins and needles and tingling. Activities that she said increased pain included gripping, lifting, pushing, pulling and other repetitive movements with her hand. The only things, which lowered her pain, included PT, rest and pain medications. She scored 29 on Beck Depression Inventory II (BDI-II) consistent with severe range and 12 on Beck Anxiety Inventory (BAI) consistent with mild range. The evaluator diagnosed adjustment disorder with mixed anxiety and depressed mood and pain disorder with both psychological factors and a general medical condition. A request for 10 sessions of chronic pain management program (CPMP) was made. The clinical rationale for requested procedure was as follows: *"Being that patient has not been able to become stabilized enough to enhance coping mechanisms to more effectively manage pain and achieve success in rehabilitation, we are requesting that she participate in 10 sessions of a behavioral multidisciplinary CPMP. Without this type of intensive intervention, her maladaptive beliefs and thoughts are likely to continue in a downward spiral as the chronic pain continues to affect the patient's quality of life. It is crucial that this patient receive other necessary components, which are not provided in individual therapy, to help obtain the tools needed to succeed and increase overall level of functioning. This program is composed of a multidisciplinary team of professionals that are specifically trained to address the patient's needs which were not met through psychotherapy. In the multidisciplinary CPMP, she will receive the tools needed to remove or address both psychological and physical barriers."* In summary, the evaluator opined that the pain resulting from the patient's injury had severely impacted normal functioning physically and interpersonally. The patient reported frustration and anger related to the pain and pain behavior, in addition to decreased ability to manage pain. Pain had reported high stress resulting in all major life areas. The patient would benefit from a course of pain management and it would improve her ability to cope with pain, anxiety, frustration, and stressors, which appeared to be impacting her daily functioning. The patient would be treated daily in a pain management program with both behavioral and physical modalities as well as medication monitoring. The intensive services would address the current problems of coping, adjusting and returning to a higher level of functioning as possible.

In a functional capacity evaluation (FCE) dated March 5, 2013, the evaluator noted following treatment history: *“The patient on the date of injury was pushing an object with wheels through the hallway when suddenly she noticed the wheels got stuck and the object tipped over and striking her left wrist. She reported that she did not know where the wheels got stuck on the ground, but the object was suddenly stopped and tipped over to the left side. She instinctively attempted to hold it from falling but was struck on the left wrist by the object. She immediately braced her wrist due to the pain and a supervisor that witnessed the incident, immediately assisted her to lift the trash can up of the ground. She developed left wrist pain, discomfort, swelling and restricted range of motion (ROM) and filled an injury report. She was instructed to seek medical attention. The patient sought care where she was x-rayed and was prescribed medication and was released to restricted work. The patient reported that her condition was not improving and she wanted a second opinion and had now sought the care from this office in an effort to get relief. She was referred for a magnetic resonance imaging (MRI) of the left hand on October 23, 2012, which revealed no significant abnormalities. An MRI of the left wrist revealed extensor carpi tendinopathy and intrasubstance partial tear near the ulnar styloid, triangular fibrocartilage focal high signal, if this was clinically suspected, MRI wrist arthrogram could be considered. The patient was then referred to an orthopedic surgeon on November 13, 2012, where he diagnosed her with a wrist sprain and he injected her in the triangular fibrocartilage complex (TFCC) region. The patient was placed in cast for two to three weeks and was placed on Medrol Dosepak. She followed up on December 4, 2012, and he removed the cast and placed her on another cast. He had now removed the cast and put her on a splint and had recommended therapy for the left wrist. The patient was referred to a designated doctor on December 5, 2012, and was not placed at MMI nor assigned an impairment rating but estimated that she might reach MMI on or about February 5, 2013. The patient followed up where he noted that the patient tore the TFCC and therefore recommended surgery.”* The evaluator opined that the patient did not demonstrate the physical abilities necessary for her return to her previous position. He recommended that the patient should participate in a CPMP. There was an apparent level of depression and anxiety present at that time and it would make it difficult for lasting improvement to take place due to lack of effective coping strategies demonstrated by the patient.

Per utilization review dated April 10, 2013, request for CPMP was denied. The evaluator noted that the patient underwent an FCE on October 3, 2012, indicating that the claimant was a custodian who developed left wrist pain when pushing a large trash can. She was treated and had x-rays and was prescribed medications along with work restrictions. Now she was seeking care and physical examination revealed left wrist pain, restricted ROM, severe pain with movement, swelling, condition aggravated with ROM. A PLN-11 filled on November 14, 2012, accepted the compensable injury as consisting of a left wrist sprain/strain. However, the carrier disputed that it extended to and included extensor carpi ulnaris (ECU) tendinopathy of the extensor carpi ulnaris with partial tear and increased signal of the TFCC because these were not part of the compensable injury. These conditions were not related to the compensable injury per the peer

review completed on November 5, 2012. The rationale for the denial was as follows: *“Based on the medical records submitted for review on the above referenced claimant, two weeks of chronic pain program are non-authorized. The claimant’s diagnosis does not support the indication for chronic pain management. She is taking Naproxen and Tramadol only. BAI and BOI scores raw data not provided for review. Functional Capacity Evaluation interpretation is invalid and is consistent with submaximal effort. The records do not support the request for chronic pain management.”*

On April 16, 2013, requested for reconsideration of CPMP. He opined that the patient had exhausted all lower levels of care and was pending no additional procedures. Official Disability Guidelines (ODG) from the Work Loss Data Institute considered tertiary chronic interdisciplinary pain programs as the standard of treatment. The results of an outcome study performed by Proctor, Mayer, Theodore and Gatchel demonstrated that patients who do not complete a chronic pain program are seven times more likely to have post-rehabilitation surgery in the same area and nearly seven times more likely to have more than 30 visits to a new health provider in persistent healthcare-seeking efforts. The study also demonstrated that patients who do not complete a chronic pain program had only half the rates of work return and work retention, being 9.7 times less likely to have returned to any type of work, and seven times less likely to have retained work at the end of the year. Therefore, a chronic interdisciplinary pain program is the recommended course of treatment to help an injured worker return to work and is considered the treatment of choice by the national standards cited above. The patient meets the criteria for the general use of multidisciplinary pain management program, according to ODG, chronic pain chapter.

Per reconsideration review dated May 3, 2013, the request for two weeks of CPMP was denied based on the following rationale: *“Date of injury is xx/xx/xx. Eight-month-old left wrist strain/strain. She is a custodian who injured her wrist when an object fell over. Medical treatment has included diagnostics, injections, PT, chiropractic care and orthopedic consult. This is a request for reconsideration of trial of chronic pain management program which was non-authorized on April 10, 2013. Rationale for non-authorization was that the diagnosis does not support indication for chronic pain management program. The claimant is taking no narcotics (only Naprosyn and Tramadol), and her functional capacity evaluation reflected sub-maximal effort. Request for reconsideration fails to address these points. In addition, there has been no lower level psychological or behavioral care. No objective psychological testing was used to validate her psychological symptoms. I spoke at 11:52 a.m. on May 2, 2013, for peer to peer. I reviewed the previous rationale for non-authorization with him. I concur with previous reviewer that the request does not meet ODG guidelines for trial of chronic pain management program.”*

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

After review of the records there is no evidence to support the need for a chronic pain management program (CPMP). There are multiple reasons why this request is not reasonable including the accepted diagnosis does not meet the criteria for CPMP, the medications are minimal and the functional evaluation was invalid and indicated a submaximal effort. In addition, there has been no lower level psychological or behavioral care as stated above. Therefore; I agree the request does not meet ODG guidelines and is not reasonable.

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

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