

October 7, 2004

GAIL ANDERSON
TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M2-05-0039-01
CLIENT TRACKING NUMBER: M2-05-0039-01

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

Records Received from the State:

- Notification of IRO Assignment, dated 09/17/04
- Texas Workers' Compensation Commission Form, dated 09/17/04
- Medical Dispute Resolution Request/Response, undated
- Letter from UniMed Direct LLC, dated 08/16/04
- Letter from UniMed Direct LLC, dated 08/25/04

Records Received from Dr. W:

- Fax Cover Sheet, dated 09/21/04
- Fax Cover Sheet, dated 09/17/04
- Letter from Medical Review Institute of America to Dr. W, dated 09/17/04
- Letter from Dr. W, dated 08/26/04
- Letter from UniMed Direct LLC, dated 08/25/04
- Fax Cover Sheet, undated

- Letter from Dr. W, dated 08/19/04
- Letter from UniMed Direct LLC, dated 08/16/04
- Letter from Dr. W, dated 08/11/04
- Letter from Dr. W, dated 07/21/04
- Consultation Notes, dated 07/20/04
- Physical Rehabilitation Evaluation, dated 07/20/04
- Case Summary, dated 08/10/04
- Progress Notes, dated 05/13/04–05/27/04
- Prescription, undated
- Letter of Referral and Medical Necessity, undated
- Treatment Plan, dated 08/11/04

Records Received from Arkansas Claims Management, Inc:

- Letter from ____, dated 09/24/04
- Independent Review Organization Summary, dated 09/21/04
- Letter from UniMed Direct LLC, dated 08/16/04
- Letter from UniMed Direct LLC, dated 08/25/04
- Employer's First Report of Injury or Illness, undated
- Texas Workers' Compensation Work Status Report, dated 11/17/03
- Texas Workers' Compensation Work Status Report, dated 11/18/03
- Texas Workers' Compensation Work Status Report, dated 12/17/03
- Texas Workers' Compensation Work Status Report, dated 01/13/04
- Texas Workers' Compensation Work Status Report, dated 02/17/04
- Texas Workers' Compensation Work Status Report, dated 03/23/04
- Employee's Request to Change Treating Doctors, dated 11/25/03
- Texas Workers' Compensation Commission Form, dated 12/03/03
- Chart Notes, dated 11/21/03
- Neurological Examination, dated 11/18/03
- Diagnosis and Treatment Sheet, dated 11/18/03–11/19/03
- Patient Demographic/Tracker Sheet, dated 11/18/03
- Acknowledgement of Receipt of Notice, dated 11/18/03
- Treatment Plan, dated 11/18/03
- Patient Demographic Sheet, dated 11/18/03
- Internal Radiographic report, dated 11/18/03
- Radiology Report, dated 11/18/03
- Authorization and Assignment of Benefits and Cause of Action, dated 11/18/03
- Informed Consent, dated 11/18/03
- Questionnaire, undated
- Personal History, dated 11/18/03
- Consultation, undated
- Accident and Injury Chiropractic, dated 11/18/03
- Initial Report, dated 11/15/03
- Radiology Report, dated 11/26/03

- MRI Scan of the Lumbar Spine Report, dated 12/04/03
- Musculoskeletal Examination, dated 12/04/03
- Exam Notes, dated 12/18/03
- Musculoskeletal Examination, dated 12/26/03
- Exam Notes, dated 01/12/04
- Electrodiagnostic Results, dated 01/02/04
- Comprehensive Patient Examination, dated 01/05/04
- Recommended Treatment Plan, dated 01/05/04
- Joint Integrity Test, dated 01/05/04
- Exam Notes, dated 01/26/04
- Range of Motion Testing, dated 01/26/04
- Medical Consultation, dated 01/31/04
- Exam Notes, dated 03/15/04
- Range of Motion Testing, dated 03/15/04
- Progress Notes, dated 03/25/04–05/27/04
- Neurological Examination, dated 06/15/04
- Progress Notes, dated 06/22/04
- Exam Notes, dated 07/20/04
- Physical Rehabilitation Evaluation, dated 07/20/04
- Behavioral Health Assessment, dated 07/21/04
- Daily Progress Notes, dated 11/19/03–09/09/04
- Rehab 2112 Daily Therapy Notes, dated 01/05/04–01/30/04
- Active Rehab Exercise/Fee Slip, dated 01/27/04–02/05/04
- Rehab 2112 Daily Therapy Notes, dated 02/02/04–02/12/04
- Active Rehab Exercise/Fee Slip, dated 02/09/04–02/12/04
- Rehab 2112 Daily Therapy Notes, dated 02/16/04–02/17/04
- Active Rehab Exercise/Fee Slip, dated 02/16/04
- Rehab 2112 Daily Therapy Notes, dated 02/23–04–02/25/04
- Active Rehab Exercise/Fee Slip, dated 02/23/04
- Rehab 2112 Daily Therapy Notes, dated 03/01/04–03/05/04
- Active Rehab Exercise/Fee Slip, dated 03/01/04–03/04/05
- Rehab 2112 Daily Therapy Notes, dated 03/08/04–03/11/04
- Active Rehab Exercise/Fee Slip, dated 03/08/03–03/12/04
- Letter from ____, LMSW–ACP, dated 08/08/04
- Letter from Dr. W, dated 08/17/04
- Letter from Dr. W, dated 08/18/04
- Visit Log Report, dated 01/28/04–02/24/04

Summary of Treatment/Case History:

The patient underwent physical therapy, chiropractic manipulation, ESIs, work hardening and individual counseling sessions after injuring his low back while lifting a 27-inch television set at work on ____.

Questions for Review:

1. Please advise medical necessity of chronic pain management program X 30 days.

Explanation of Findings:

Question 1: Please advise medical necessity of chronic pain management program X 30 days.

No. In the preamble of the Texas Workers Compensation Commission's amendments to rule 134.600, the Commission states as follows: "Over-utilization of medical care can both endanger the health of injured workers and unnecessarily inflate system costs. Unnecessary and inappropriate health care does not benefit the injured employee or the workers' compensation system. Unnecessary treatment may place the injured worker at medical risk, cause loss of income, and may lead to a disability mindset. Unnecessary or inappropriate treatment can cause an acute or chronic condition to develop." In its report to the legislature, the Research and Oversight Council on Texas Workers' Compensation explained its higher costs compared to other health care delivery systems by stating, "Additional differences between Texas workers' compensation and Texas group health systems also widen the cost gap. These differences include...in the case of workers' compensation, the inclusion of costly and questionable medical services (e.g., work hardening/conditioning.)" In this case, the proposed pain management program (following a work hardening program) is just the type of questionable services of which the TWCC and the legislature spoke when expressing concern in regard to medically unnecessary treatments that may place the injured worker at medical risk, create disability mindset, and unnecessarily inflate system costs.

The 08/19/04 letter from the requestor listed several medical references in support of the proposed pain management program. Medline searches revealed that the Haldorsen study only dealt with multidisciplinary treatment and was not specific to pain management programs. The "Fydrich & Turk" study likewise only considered multidisciplinary treatment and was not specific to pain management programs. More importantly, the study cannot be used as a valid basis for medical necessity since the authors warned, "...however, these results must be interpreted cautiously as the quality of the study designs and study descriptions is marginal." Medline searches gave no information regarding the cited articles "Wright & Gatchel. 2002", "Arena & Blanchard. 2002" or "Okifuji, Turk & Kalauokalani. 1999." In fact, a search for "Kalauokalani" singularly failed to indicate any articles published in 1999 and none ever with the two other cited authors.

Current medical literature does state, "...there is no strong evidence for the effectiveness of supervised training as compared to home exercises. There is also no strong evidence for the effectiveness of multidisciplinary rehabilitation as compared to usual care." The literature further states, "...that there appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities..." And a systematic review of the literature for a multidisciplinary approach to chronic pain found only 2 controlled trials of approximately 100 patients with no difference found at 12-month and 24-month follow-up when multidisciplinary team approach was compared with traditional care. Based on those studies and absent any documentation that the proposed pain management program would be beneficial, it is medically unnecessary.

More importantly, the previously attempted work hardening program, biofeedback and psychological sessions had within them the self-help strategies, coping mechanisms, exercises and modalities that are inherent in and central to the proposed chronic pain management program. In other words and for all practical purposes, most of the proposed program has already been attempted and failed. Therefore, since the patient is not likely to benefit in any meaningful way from repeating unsuccessful treatments, the proposed pain management program is medically unnecessary.

Conclusion/Decision to Not Certify:

The proposed pain management program is medically unnecessary.

References Used in Support of Decision:

1. Ostelo RW, de Vet HC, Waddell G, Kerchhoffs MR, Leffers P, van Tulder M, Rehabilitation following first-time lumbar disc surgery: a systematic review within the framework of the cochrane collaboration. Spine. 2003 Feb 1;28(3):209-18.
2. Karjalainen K, Malmivaara A, van Tulder M, Roine R, Jauhiainen M, Hurri H, Koes B. Multidisciplinary biopsychosocial rehabilitation for neck and shoulder pain among working age adults. Cochrane Database Syst Rev. 2003;(2):CD002194.
3. Karjalainen K, et al. Multidisciplinary rehabilitation for fibromyalgia and musculoskeletal pain in working age adults. Cochrane Database of Systematic Reviews 2000;2.

This review was provided by a chiropractor who is licensed in Texas, certified by the National Board of Chiropractic Examiners, is a member of the American Chiropractic Association and has several years of licensing board experience. This reviewer has written numerous publications and given several presentations with their field of specialty. This reviewer has been in continuous active practice for over twenty-five years.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

YOUR RIGHT TO REQUEST A HEARING

Either party to the medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas Admin. Code 142.5.

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
POB 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIoA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIoA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIoA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIoA harmless for any and all claims, which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc: North Texas Pain Recovery Center
American Home Assurance Company