

July 6, 2005

TEXAS WORKERS COMP. COMISSION  
AUSTIN, TX 78744-1609

CLAIMANT: \_\_\_  
EMPLOYEE: \_\_\_  
POLICY: M2-05-1952-01  
CLIENT TRACKING NUMBER: M2-05-1952-01 5278

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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 6/22/05, 11 pages

RECORDS RECEIVED FROM BEXAR COUNTY HEALTHCARE SYSTEMS:

Pre-certification request 4/20/05, 2 pages

Review determination from The Hartford dated 4/25/05, 1 page

Pre-certification request 5/10/05, 2 pages

Review determination from The Hartford dated 5/11/05, 1 page

Display diaries (10 pages), various dates

Request for reconsideration, 5/5/05, 4 pages

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Report from Scott Persinger, LCSW, ACP dated 4/20/05, 9 pages

Letter of Medical Necessity from Rafael C. Bertran dated 4/18/05, 2 pages

**Summary of Treatment/Case History:**

The claimant is a 47 year old lady who allegedly suffered a workplace injury on \_\_\_\_\_. Subsequently she developed low back pain with abnormal sensation in the right leg. She has undergone a diagnostic workup including MRI, and EMG/NCV as well as extensive conservative treatment including physical therapy, chiropractic manipulation, TENS, acupuncture and lumbar spine surgery on 2/4/03. Despite this treatment, the claimant continues to have low back and leg pain. She has undergone 7 days of a multidisciplinary pain treatment program, and significant functional improvement has been documented.

**Questions for Review:**

Item in dispute: Pre-authorization denied for chronic pain management program for 10 sessions

1. Please review for medical necessity.

**Explanation of Findings:**

1. Please review for medical necessity.

The claimant apparently suffers from failed back surgery syndrome, a poorly defined entity which is marked by continued, and frequently increased, pain following spine surgery. The submitted medical record does not indicate what treatments have been tried; however, invasive pain management treatments are frequently effective only temporarily, at best. Multidisciplinary behavioral/rehabilitative pain management programs are frequently the most reasonable alternatives for these patients, having a proven efficacy and less risks and complications than other therapeutic alternatives. The claimant has had a brief trial of one of these programs, and the results have been positive. Thus it is reasonable to certify another 10 sessions. Most such programs require 30 sessions in order to provide the maximum benefit

**Conclusion/Decision to Certify:**

Certify an additional 10 sessions of the requested multidisciplinary pain treatment program.

**Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:**

Texas Definition of Medical Necessity (Texas Labor Code §408.021):

An employee who sustains a compensable injury is entitled to all health care reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to health care that:

- 1) Cures or relieves the effects naturally resulting from the compensable injury;
- 2) Promotes recovery, or
- 3) Enhances the ability of the employee to return to or retain employment.

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**References Used in Support of Decision:**

Patrick, et al. (2004). Long-term outcomes in multidisciplinary treatment of chronic low back pain: results of a 13-year follow-up. Spine 29:850-5.

Guzman, et al. (2002). Multidisciplinary bio-psycho-social rehabilitation for chronic low back pain. Cochrane Database Syst Rev CD000963.

Guzman, et al. (2001). Multidisciplinary rehabilitation for chronic low back pain: systematic review. Bmj 322:1511-6.

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The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the national board of medical examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

MRloA 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

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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 MRloA 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 MRloA 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 MRloA 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 MRloA 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: requestor  
respondent