

September 19, 2005

TEXAS WORKERS COMP. COMISSION  
AUSTIN, TX 78744-1609

CLAIMANT: \_\_\_

EMPLOYEE: \_\_\_

POLICY: M2-05-2205-01

CLIENT TRACKING NUMBER: M2-05-2205-01-5278

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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:**

State Records:

1. Texas Workers' Compensation Notification of IRO Assignment-3 pages
2. Table of Disputed Services-2 pages
3. Ennis Pre-Certification Request-6/1/05-5 pages
4. Texas Mutual Insurance Company Utilization Review of Findings-6/9/05-2 pages

Requestor Records:

1. Ennis Evaluation Notes-5/19/05-24 pages
2. Ennis Pre-Certification Request-8/2/05-3 pages
3. Texas Mutual Insurance Company Utilization Review of Findings-8/29/05-2 pages

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**Insurance Company Records:**

1. Texas Mutual Insurance Company Utilization Review of Findings-6/7/05-2 pages
2. Texas Mutual Insurance Company Utilization Review of Findings-6/22/05-2 pages
3. Texas Mutual Insurance Company-TWCC Report of Medical Evaluation-9/1/05-3 pages
4. Dr. Anil T Bangale MD Medical Evaluation Notes-8/11/05-24 pages
5. MRloA Second Request for Information Form-9/7/05-1 page
5. MRloA Fax Cover Sheet-9/7/05-1 page
6. MRloA Third Request for Information Form-9/12/05-1 page
7. MRloA Fax Cover Sheet-9/12/05-1 page

**Summary of Treatment/Case History:**

The patient is a 48-year-old female with a date of injury on \_\_\_\_\_. Her complaints are right neck and shoulder pain. The patient has had physical therapy (PT) to date according to the functional capacity evaluation (FCE), but according to the psych evaluation she has had injections, chiropractic, and massage therapy. Her BDI testing was 13 which indicates minimal to moderate depression (although the psych evaluation states it reflects severe depression which is incorrect and an overstatement). Her BDA testing score was 9, which is minimal anxiety levels. The pain program has been denied multiple times due to this, lack of sleep disturbance, and the fact that the patient stated she enjoys not working so she can do crafts at home. Her FCE stated she had a 17% impairment rating. Her independent medical examination (IME) stated she had 0%, had positive Waddell signs indicative of somatization, had symptoms magnification, nonspecific anatomic distribution of pain, and it disagreed with the FCE assessment. The patient has not had any work hardening, work conditioning, and psych/biofeedback was denied. She has a history of depression since she was 13 years old with multiple hospitalizations for suicide attempts and a nervous breakdown.

**Questions for Review:**

1. Is pain program 10 sessions medically necessary?

**Explanation of Findings:**

The patient has a diagnosis of cervical injury with no surgery, proof of injections, work hardening, work conditioning, or psychotherapy. She has inherent psychological problems dating back to her childhood. She herself admitted she is happy not to work so she can stay home. The IME completely disagreed with the FCE in findings and conclusions. Finally, there is minimal evidence of pain related psychological disturbance as her psych testing scores are only minimally elevated and her sleep pattern is unchanged from prior to the injury. The patient is not a pain program candidate due to lack of prior conservative treatment, lack of overt work related psychological problems, and lack of patient motivation to even return to work (RTW).

**Conclusion/Decision to Not Certify:**

1. Is pain program 10 sessions medically necessary?  
The pain program is not medically necessary.

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

Criteria used are common practice among osteopathic and pain physicians.

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**References Used in Support of Decision:**

1. Interventional Pain Management by Waldman and Winnie copyright 2001. 2. Bonica's Management of Pain third edition copyright '00. 3. Practical Management of Pain by P. Raj copyright '00.

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The physician providing this review is board certified in Anesthesiology and is a doctor of Osteopathy. The reviewer is currently an attending physician at a major medical center providing anesthesia and pain management services. The reviewer has participated in undergraduate and graduate research. The reviewer has been in active practice since 1988.

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, payer and/or URA, patient and the TWCC.

**Your Right To Appeal**

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Chief Clerk of Proceedings / Appeals Clerk

P. O. Box 17787

Austin, TX 78744

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 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

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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 and respondent