

September 28, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-06-0002-01

CLIENT TRACKING NUMBER: M2-06-0002-01

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 09/13/05 - 1 page
- Texas Workers' Compensation Commission Form, dated 09/13/05 - 5 pages
- Letter from Intracorp, dated 07/25/05 - 3 pages
- Fax Cover Sheet, dated 08/05/05 - 1 page
- Letter from Flahive, Ogden and Latson, dated 09/09/05 - 2 pages

Records Received from the Respondent:

- Letter from Flahive, Ogden and Latson, dated 09/20/05 - 2 pages
- Letter from Flahive, Ogden and Latson, dated 09/09/05 - 5 pages

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Records Received from the Requestor:

- Progress Notes, dated 05/26/05-06/29/05 - 3 pages
- Patient Information, dated 09/09/04 - 1 page
- Statement of Medical Necessity, dated 09/09/04 - 1 page
- Physical Findings Report, dated 09/09/04 - 2 pages
- Exam Summary, dated 09/09/04 - 2 pages
- Physical Findings Report, dated 06/04/04 - 1 page
- Fax Cover Sheet, dated 08/08/05 - 1 page
- Letter from Yolanda Herrera, M.Ed LPC, dated 08/05/05 - 6 pages
- Letter from Intracorp, dated 08/04/05 - 2 pages
- Fax Cover Sheet, dated 08/05/05 - 1 page
- Fax Cover Sheet, dated 08/03/05 - 1 page
- Fax Cover Sheet, dated 08/03/05 - 1 page
- Letter from Yolanda Herrera, M.Ed LPC, dated 07/28/05 - 11 pages
- Letter from Intracorp, dated 07/25/05 - 2 pages
- Letter from Intracorp, dated 07/25/05 - 3 pages
- Fax Cover Sheet, dated 07/26/05 - 1 page
- Letter from Yolanda Herrera, M.Ed LPC, dated 07/18/05 - 7 pages
- Letter from Intracorp, dated 07/13/05 - 2 pages
- Letter from Yolanda Herrera, M.Ed LPC, dated 07/08/05 - 6 pages
- Fax Cover Sheet, dated 06/15/05 - 1 page
- Fax Cover Sheet, dated 06/16/05 - 1 page
- Letter from Intracorp, dated 06/16/05 - 2 pages
- Letter from Intracorp, dated 06/16/05 - 3 pages
- Chronic Pain Evaluation from Yolanda Herrera, M.Ed LPC, dated 06/13/05 - 9 pages
- Letter from Intracorp, dated 06/10/05 - 3 pages
- Chronic Pain Evaluation from Yolanda Herrera, M.Ed LPC, dated 05/24/05 - 8 pages

Summary of Treatment/Case History:

The claimant is a 64-year-old gentleman who allegedly suffered a workplace injury on _____. Subsequently he developed right leg and knee pain and underwent an arthroscopy and a right carpal tunnel release. His knee pain continued and he developed low back pain. He has undergone 8 weeks of work hardening; however, he has continued to have right knee and low back pain. He is currently being treated with oral non-opioid pain medication.

Questions for Review:

Item(s) I dispute: Preauthorization request: Chronic pain management multidisciplinary treatment 5xweek x 2 weeks.

Explanation of Findings:

Question 1: Item(s) I dispute: Preauthorization request: Chronic pain management multidisciplinary treatment 5xweek x 2 weeks.

(continued)

The submitted documentation is inadequate to substantiate the need for the requested multidisciplinary chronic pain management program. There is no physical examination or opinion by a qualified physician and only minimal documentation of previous treatment, nor are there valid rationales for the requested program. There is no request for the program from the patient's treating physician.

Conclusion/Decision to Not Certify:

Do not certify the requested pain management program.

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

The usual selection criteria for an outpatient multidisciplinary pain management program are:

1. Referral for entry has been made by the primary care physician/attending physician; and
2. Patient has experienced chronic non-malignant pain (not cancer pain) for 6 months or more; and
3. The cause of the patient's pain is unknown or attributable to a physical cause, i.e., not purely psychogenic in origin; and
4. Patient has failed conventional methods of treatment; and
5. The patient has undergone a mental health evaluation, and any primary psychiatric conditions have been treated, where indicated; and
6. Patient's work or lifestyle has been significantly impaired due to chronic pain; and
7. If a surgical procedure or acute medical treatment is indicated, it has been performed prior to entry into the pain program.

References Used in Support of Decision:

Patrick, L E, 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.

Haldorsen, E M, et al. (2002). Is there a right treatment for a particular patient group? Comparison of ordinary treatment, light multidisciplinary treatment, and extensive multidisciplinary treatment for long-term sick-listed employees with musculoskeletal pain. *Pain* 95:49-63.

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

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.

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 Appeal

(continued)

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 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: Requestor and Respondent