

December 7, 2005

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-06-0205-01
CLIENT TRACKING NUMBER:

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIOA for independent review in accordance with DWC 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 DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

Records Received:

Records from the State:

Notification of IRO Assignment, 11/17/05
Notice of Receipt of request for Medical Dispute Resolution, 11/17/05
Medical Dispute Resolution Request/Response
List of Providers
Table of Disputed Services
Preauthorization request letter, 8/31/05
Letters from Texas Mutual, 9/6/05, 9/19/05

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Records from the Treating Provider:

Patient information and release, 12/3/02
Office visit notes, 12/3/02 – 12/19/02, 1/13/03 – 1/18/03, 1/30/03 – 2/24/03, 7/17/03, 8/4/03, 3/23/04, 6/21/04, 9/27/04
Assessment forms, 12/3/02
Work Injury Report, 12/3/02
Radiology reports, 12/3/02
Letter from Vicente Macias, 12/3/02
Initial Medical Report, 12/5/02
MRI of lumbosacral spine, 1/8/03
Follow up exams, 1/7/03, 1/10/03, 1/17/03, 2/5/03, 3/19/03, 4/30/03, 6/1/03, 6/24/03, 7/31/03, 9/24/03
Specific and Subsequent Medical Reports, 1/8/03, 1/14/03, 1/17/03, 2/6/03, 3/20/03, 5/1/03, 7/2/03, 7/17/03, 9/25/03
Work Status Reports, 1/8/03, 2/10/03, 3/5/03, 4/18/03, 5/14/03, 7/31/03, 8/1/03
Neurosurgery consultation, Humberto Tijerina, MD, 2/4/03
Medical Conference notes, 2/25/03, 3/25/03, 4/15/03, 5/20/03
Neurosurgical Consultation, F. Fennegan, MD, 3/3/03, 6/9/03
Neurosurgical Consultation, Dario Narro, MD, 4/7/03
History and physical, Kenneth Williams, MD, 4/10/03
Letter, Kenneth Williams, MD, 4/11/03
Nerve Conduction testing, 4/16/03
DWC-69 – Report of Medical Evaluation, and corresponding examination, 7/31/03
Impairment Rating Worksheet, 7/31/03
Letter, Alfonso Ochoa MD, 10/1/03

Records from Respondent:

Letter from LaTreace Giles, RN, 12/2/05
History and Physical, Harlingen Spine & Neurosurgical Surgical Institute, 5/19/04
Office notes, D. Michael Forman, MD, 8/4/04, 9/29/04, 6/15/05, 7/22/05
Psychological evaluation, 8/25/05
Letters, Kathleen Everett, LVN, 9/6/05, 9/19/05

Summary of Treatment/Case History:

The claimant is a 24 year-old lady who allegedly suffered a workplace injury on _____. Subsequently, she developed low back, right ankle and left knee pain with numbness and tingling in the dorsum of the left foot and great toe. Physical examination reveals diminished sensation in the left L5 and S1 distribution and there was a borderline positive straight leg raising test on the left at 70 degrees. MRI examination reveals a herniated disc at L5-S1. NCV of the left leg was consistent with left S1 radiculopathy. She has been treated conservatively with medications, physical therapy, TENS, massage, exercise therapy, topical analgesics, traction, acupuncture and injections without success.

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She has undergone a psychological evaluation, which revealed severe psychological maladjustment associated with her pain and disability.

Questions for Review:

Preauth was denied for chronic pain management X 10 sessions.

1. Please review medical necessity for proposed 10 sessions for chronic pain management.

Explanation of Findings:

The claimant appears to satisfy the usual selection criteria for entry into a multidisciplinary chronic pain management program (listed below). It appears that her pain, although based on physical derangement with objective findings, is exacerbated by psychological factors which are amenable to treatment. It is this combination of problems that psychological/rehabilitation model pain management programs are able to treat successfully. Thus, the requested 10 days of chronic pain management program should be regarded as medically necessary.

Conclusion/Decision to Certify:

1. Please review medical necessity for proposed 10 sessions for chronic pain management.

The requested 10 days of chronic pain management program are medically necessary.

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

Appropriate selection criteria for entry into a chronic pain management program:

1. Referral for entry had been made by the primary care physical/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 had undergone a mental health evaluation, and any primary psychiatric conditions have been treated, where indicated; *and*
6. Patient's work or lifestyle had 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

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

Turk, D C (2001). Combining somatic and psychosocial treatment for chronic pain patients: perhaps 1 + 1 does = 3. Clin J Pain 17:281–3

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 DWC.

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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

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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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Case Analyst: Valerie O ext 554

cc: Requestor
Respondent