

  
**INDEPENDENT REVIEW INCORPORATED**

---

**August 24, 2006**

**Re: MDR #: M2 06 1775 01 Injured Employee: \_\_\_**  
**DWC #: \_\_\_ DOI: \_\_\_**  
**IRO Cert. #: 5055 SS#: \_\_\_**

**TRANSMITTED VIA FAX TO:**

**TDI, Division of Workers' Compensation**

Attention: \_\_\_

Medical Dispute Resolution

Fax: (512) 804-4868

**RESPONDENT: Twin City Fire Ins.**

**REQUESTOR: Health Trust**

**TREATING DOCTOR: Stephanie Jones, MD**

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the office manager of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him 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 Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in orthopedic surgery and is currently listed on the DWC Approved Doctor List.

P.O. Box 855  
Sulphur Springs, TX 75483  
903.488.2329 \* 903.642.0064 (fax)

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by Independent Review, Inc. is deemed to be a DWC decision and order.

### 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.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on August 24, 2006.

Sincerely,



Jeff Cunningham, DC  
Office Manager

**REVIEWER'S REPORT  
M2 06 1775 01**

**Information Provided for Review:**

1. Notification of IRO assignment
2. Medical Dispute Resolution Request
3. Table of Disputed Services
4. Insurance company nonauthorization notification SRS dated 05/24/06
5. Insurance company nonauthorization notification dated 06/13/06
6. Carrier's records, extensive medical records regarding this patient's medical treatment including a letter of medical necessity from Stephanie Jones, M.D.
7. Records from \_\_\_\_\_ Chronic Pain Management, La Scala Pain Management Center, Consultants in Pain Medicine, Neurosurgical Associates in San Antonio
8. Multiple imaging reports including MRI scan of the right shoulder, MRI scan of the cervical spine
9. Report from Bakhsh Chiropractic Clinic

**Clinical History:**

The patient has a long history of shoulder and cervical pain. The patient initially sustained a work-related injury on \_\_\_ while working at USAA. She was treated conservatively for a while. However, she ultimately underwent multiple surgeries. She underwent carpal tunnel release on her right arm in 2000. However, she continued to have neck pain. She underwent cervical surgery in June 2001 and returned to work 6 weeks later. She was pain free for about a year; however, her symptoms returned. She was then treated with multiple modalities including chiropractic manipulation, physical therapy, and steroid injections. She was diagnosed with post laminectomy syndrome, neck pain, and chronic shoulder pain. The patient completed a 10-session pain management program with no significant improvement and continues to have a severe pain syndrome. The patient is currently on Lyrica and tramadol for her pain. She continues to rate her pain as severe.

**Disputed Services:**

Twenty sessions of chronic pain management program have been denied as medically unnecessary by the insurance company.

**Decision:**

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER ON THIS CASE.

**Rationale:**

The patient has chronic pain syndrome that has not responded well with multidisciplinary pain management in the past. The patient has chronic shoulder pain that has yet to be treated. There are notes in the medical records from the patient's neurosurgeon with a referral to an orthopedic surgeon. However, the patient has not received any orthopedic evaluation or treatment. Many patients with shoulder pain have periscapular muscle spasm and neck pain, and this needs to be evaluated and treated by an orthopedic surgeon prior to institution of a multidisciplinary pain management program. Once again, the patient needs to be referred to an orthopedic surgeon for evaluation and treatment of her shoulder pathology as documented on the MRI scan prior to institution of any chronic pain management program. This is probably one of the reasons that she has not responded to the pain management that she has already had.

**Screen Criteria/Treatment Guidelines:**

Extensive review of the medical records as well as my experience as a board certified orthopedic surgeon specializing in shoulder, wrist, and hand disorders. In addition, criteria such as ACOEM Guidelines and Journal of Bone and Joint Surgery were used to help formulate this decision.