NOTICE OF INDEPENDENT REVIEW DECISION - AMENDED

Date: October 24, 2003

RE: MDR Tracking #: M5-03-3276-01
IRO Certificate #: 5242

FORTE has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to FORTE for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

FORTE has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic physician reviewer who has a temporary ADL exemption. The Chiropractic physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

It appears the claimant suffered an alleged slip and fall injury on __ near the cafeteria of her place of employment. The claimant reportedly was able to break her fall to some degree with her right upper extremity and she initially only complained of right knee pain; however, the next day she began having neck pain, mid-back pain and low back pain. The claimant presented to _____ for chiropractic care and his initial assessment was that the claimant sustained a jamming type of injury to the cervical, thoracic and lumbar spine, and suffered a possible right shoulder strain injury. It was also felt the claimant had some non-injury related carpal tunnel syndrome on the left side; however, this was not felt to be related to the specific injury of . The claimant did end up undergoing a carpal tunnel release surgery on 11/7/02 due to a worsening of that condition on the left side. At any rate, the claimant's initial complaints when presenting to _____ were related to the neck. The claimant did not demonstrate any significant evidence of knee pathology and it was felt that this was mainly just a contusion type of injury. The claimant appeared to have undergone multiple trigger point injections from _____. _____ even discussed the possibility of the claimant needed some Botox injections. The trigger point injections appeared to take place in the cervical region, mid-back region and low back region. The claimant saw _____ on 2/24/03 and was found to be at maximum medical improvement on that date with 5% whole body impairment rating with respect to the lumbar spine. _____, the treating chiropractor disagreed with the impairment rating because _____ had not yet had the opportunity to perform injections at this claimant's neck region. The claimant also saw _____ for designated doctor purposes in

November 2002 and he felt the claimant was not at maximum medical improvement simply because the claimant had not had her scheduled trigger point injections with _____. It should also be noted that the claimant's electrodiagnostic studies were completely normal, her lumbar MRI was also completely normal and the x-rays of the cervical and lumbar areas were also completely normal. The claimant was also noted to be 54 years of age and I got the impression from the documentation that she was overweight. The claimant's husband also had a stroke reportedly sometime in June 2002 and this contributed to some of her stress and anxiety. The claimant underwent a psychosocial evaluation on 6/12/02 and by that date she had undergone approximately 8 weeks of passive physical therapy and related chiropractic care which reportedly did not help much. At this time the claimant's depression, somatization and anxiety scores were high. _____ report of 2/24/03 was reviewed. The claimant appeared to be mostly concerned about her neck, yet most of the treatment according to the claimant was reportedly aimed at her low back. _____ diagnoses were cervical and lumbar sprain/strain and contusion of the right knee. Several chiropractic peer reviews were also provided for review and these were reviewed.

Requested Service(s)

The medical necessity of the outpatient services including office visits and therapeutic procedures rendered from 8/15/02 through 12/30/02.

Decision

I agree with the insurance carrier that the services in dispute were not medically necessary.

Rationale/Basis for Decision

There was never any objective data to support the severity and scope of the alleged subjective complaints. The claimant reportedly completed 8 weeks of passive care modality treatment as of about 6/12/02 and this reportedly provided little to no benefit. I am normally a supporter of active care modality treatment; however, the nature of the claimant's alleged injuries and the ensuing diagnostic work up to include x-ray evaluations, MRI evaluations and electrodiagnostic studies revealed no evidence of injury beyond soft tissue sprain/strain injury. The claimant's problem has mostly been subjective in nature and it is well known in the medical literature that these types of sprain/strain soft tissue injuries resolve in 90% of case within 90 days. The nature of the injury and the apparent lack of objective evidence of injury does not support the medical necessity of a physician directed rehabilitation program. The claimant reportedly worked as a customer service representative and was required to sit most of her day. This would essentially place her at the sedentary to light duty level and the objective data did not support that she could not work at this level. The claimant was also placed into the multi-disciplinary blender of multiple providers which seemed to provide no benefit to the claimant and caused the claimant to be more of a customer rather than a patient. _____ essentially gave the claimant trigger point injections to multiple areas regardless of whether or not the claimant needed these. Trigger points in these areas as described as being in the upper trapezius and other mid-back musculature are extremely common in the every day adult population. The claimant also reportedly braced

herself with her right upper extremity so the fall onto her buttocks was not that severe and in my opinion the claimant's condition has mainly been subjective. The claimant's low back pain in fact was rated a 6/10 in July 2003 and it was also rated a 6/10 in June 2002, over 13 months earlier. The claimant's lumbar range of motion has essentially remained unchanged and the electrodiagnostic and regular diagnostic work ups have been normal. The only reason the claimant was not assessed at maximum medical improvement by _____ seemed to be because she was pending trigger point injections in December 2002 and this would not be a reason to not assess whether or not a claimant was at maximum medical improvement. The trigger point injections would be deemed not medically necessary for the reasons already listed above. Again, there was very little objective evidence of injury and most of the claimant's problem appeared to be subjective in nature.