THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER: 453-03-0688.M2

August 30, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0972-01
IRO Certificate No.: IRO 5055

Dear

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

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician Board Certified in Physical Medicine and Rehabilitation.

**The physician reviewer AGREES with the determination made by the insurance carrier in this case. The reviewer is of the opinion that a pain management program three (3) times a week for six (6) weeks is not medically necessary in this case.**

I am the Secretary and General Counsel of ___ 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 any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

## YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of

Proceedings within **ten (10)** days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **twenty (20)** days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5)** days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

**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.

**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 this 10TH day of July, 2002.**

Sincerely,

## MEDICAL CASE REVIEW

This is for ___. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0972-01, in the area of Physical Medicine and Rehabilitation. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Letters of denial from ___ for a pain management program.
2. Letters from ___ with his diagnosis for the patient.
3. Peer review analysis.
4. A very thorough evaluation by ___, Clinical Neuro-psychologist; this was done on November 3, 2001, recalling that the date of injury was ___.
5. Treatment records by ___.
6. Notes from apparently biofeedback therapy; however, I cannot read the handwriting on that exactly--it looks like Schenck.
7. Neuroradiologist's report of cervical and lumbar spine CT's.

8. One page of office notes, but again I cannot tell exactly whose notes these are; I cannot read the handwriting of the signature, but the notes are quite clear about the patient being on Ultram, Skelaxin, and Celebrex. There are some prescriptions attesting to the same.

B. BRIEF CLINICAL HISTORY:

The only place I can find a clinical history is in the notes by ___ who did the psychological evaluation. Apparently, this lady on ___, while working as a laboratory technologist at ___, had a rolling chair fall on her right side. She apparently hit her hip and right shoulder.

As best I can piece this together, eventually she developed bilateral shoulder pain, bilateral shoulder impingement, and bilateral carpal tunnel, and some 10 months after injury a rotator cuff tear was diagnosed by her neurologist or, at least, there was the impression that she may have had a rotator cuff tear on the right side. She had been in a work hardening program in which her pain symptoms worsened considerably.

The biofeedback program summaries are noted but, unfortunately, they are shrunk and difficult to read. Apparently, EMG and biofeedback methods were used, and also galvanic measurements of resistance were used to measure stress and resolution of stress.

It seems that over a three-year period of time, what was an injury to the right hip and right shoulder developed into cervical, thoracic, lumbar, bilateral shoulder, and bilateral carpal tunnel problems.

There are not enough records to indicate how this occurred, and she apparently has not worked since the injury. There are not enough records to indicate how, virtually, her entire body became involved. I really cannot comment on the appropriateness of the spreading diagnoses.

C. DISPUTED SERVICES:

The disputed services by the carrier are the pain management program.

I should note, however, that previously a pain management program had been agreed to, but there is no indication that it was ever carried out.

D. DECISION:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE, NAMELY THAT THE PAIN MANAGEMENT PROGRAM IS NOT INDICATED.

E. RATIONALE OR BASIS FOR DECISION:

First, I am not sure from the record exactly how the large number of body parts are related to the original injury. If we go back to the original injury, namely the hip and right shoulder injury, then certainly there is no pain management program indicated.

The most helpful in this review is the psychologist's review indicating that this lady has had previous and current severe somatoform pain disorders

associated with psychological factors and her general medical condition, i.e., on page 3 of his report, her pre-morbid traits are certainly affecting her treatment and recovery from the injury. There are a whole host of psychosocial stressors listed by the neuropsychologist, ___, which certainly would indicate that this lady would not benefit from a pain management program. She has been seen by a long list of competent individuals, some listed twice on the sheet indicating the physicians who have treated this patient, all to no avail; in fact, the record would indicate that over a three-year period of time, she has gotten progressively worse, and new body parts indicating injury keep surfacing, all of these in addition to the right hip and right shoulder which were originally injured.

Thus, in looking at the history and the progression of the disease over a three-year course of time, and the lack of progress, plus the fact that virtually every modality which normally is used in a pain management program has been used by her treating physicians, this again leads me to conclude that putting it altogether in a three-times-a-week program would not be of benefit.

Lastly, I have looked at the radiologist's interpretation which is essentially a normal CT of the cervical spine and lumbar spine for a 60-year-old individual (I presume she is 60 only from the notes of the neuropsychologist, ___). Thus, there is no surgical lesion. In fact, there does not seem to be a lesion that could account for the pain pattern which this lady is having.

I realize fully that this is a very difficult medically-complex individual, but I believe that all the modalities available in the pain management program have already been applied by her physician, and just repeating them on the basis of proven worsening of symptoms when she has been in a formal program, i.e., a work hardening program, merely makes things worse. In adding the psychologist's evaluation, which I believe merits

reading in great detail, I have to conclude that a pain management program would be of no benefit to this individual.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 27 August 2002