

Medical Review Institute of America, Inc.

America's External Review Network

October 26, 2004

ROSALINDA LOPEZ/ GAIL
TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
CLIENT TRACKING NUMBER: M2-05-0041-01
IRO CERTIFICATE NUMBER: 5278

AMENDED REVIEW

Medical Review Institute of America (MRloA) 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 MRloA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRloA 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 MRloA for independent review.

Records Received:

Records Received from the State:

Notification of IRO Assignment 9/20/04 (1 page)
TWCC assignment letter 9/20/04 (1 page)
Medical Dispute Resolution Request/Response 8/31/04 (1 page)
TWCC Provider List, undated (1 page)
Table of disputed services, undated (1 page)
Texas Outpatient Reconsideration Decision: Non-Authorization 8/11/04 (2 pages)
Texas Outpatient Non-Authorization Recommendation 7/26/04 (2 pages)
Notification of IRO Assignment 9/20/04 (1 page)
TWCC assignment letter 9/20/04 (1 page)
Medical Dispute Resolution Request/Response 8/31/04 (1 page)
TWCC Provider List, undated (1 page)

Table of disputed services, undated (1 page)

Texas Outpatient Reconsideration Decision: Non-Authorization 8/11/04 (2 pages)

Texas Outpatient Non-Authorization Recommendation 7/26/04 (2 pages)

Records Received from the Respondent/Insurance Company:

TWCC Order for Production of Documents 10/4/04 (1 page)

Texas Outpatient Non-Authorization Recommendation 2/19/04 (3 pages)

Texas Workers' Compensation Work Status Reports: 9/28/04, 9/7/04, 6/29/04, 5/11/04, 8/19/03, 11/21/03, 3/30/04, 3/2/04, 2/23/04, 7/23/01, 6/15/02 (17 pages total)

MRI report of sacrum 9/10/04 (1 page)

MRI report of lumbar spine 9/10/04 (2 pages)

San Antonio Orthopaedic Group Superbills: 6/7/04, 6/3/04, 6/2/04, 7/26/04, 7/23/04, 7/16/04, 7/19/04, 7/20/04, 7/14/04, 7/12/04, 6/21/04, 6/20/04, 6/9/04, 6/11/04 (14 pages total)

Dr. A's followup notes 7/30/04*, 1/22/04, 7/9/99, 10/22/03, 6/28/03, 8/11/03, 2/24/03, 7/30/04, 5/31/04, 9/22/03 (2 pages total)

Texas Outpatient Authorization Recommendation 8/27/04 (1 page)

San Antonio Orthopaedic Group office notes: 6/29/04, 8/19/03, 11/21/03, 3/30/04, 10/15/02, 8/16/02, 7/24/01, 3/12/01, 10/17/00, 8/15/00, 6/27/00, 4/3/00, 12/3/99, 10/11/99, 8/23/99, 7/26/99, 8/2/99, 8/19/03, 11/21/03, 3/2/04, 2/23/04, 4/22/03, 5/6/03, 10/17/00, 4/3/00, 8/15/00, 10/11/99, 8/2/99 (40 pages total)

Positive Pain Management letters 12/11/03 (1 page total)

Psychotherapy Progress Notes 4/14/04, 2/10/04, 2/3/04, 1/27/04 (5 pages total)

Required Medical Evaluation 4/5/05 (4 pages)

Texas Outpatient Partial Authorization 4/9/04 (2 pages)

Letter to Dr. G from Dr. A 1/22/04 (2 pages)

Peer Review and RME Coordination 4/1/04 (13 pages)

Operative Report 2/23/04 (2 pages)

Positive Pain Management notes 12/11/03 (1 page)

PPM Biofeedback Session Reports 3/2/04, 2/10/04, 2/3/04, 2/17/04, 1/27/04 (6 pages total)

Pre-anesthesia evaluation 2/20/04 (1 page)

Anesthesia record 2/20/04 (1 page)

Operative report 2/23/04 (2 pages)

Patient information sheet 2/20/04 (1 page)

Explanation of charges, undated (1 page)

Imaging consultation report, chest 2/13/04 (1 page)

Pre-Authorization Request 1/21/04, 12/11/04 (3 pages total)

Prescription 5/28/03 (1 page)

Psychological evaluation report 12/30/03 (5 pages)

Overview of the Psychophysiological Assessment, undated (3 pages)

Texas Outpatient Authorization Recommendations 1/21/04, 12/10/03, 8/28/03 (6 pages total)

Office notes from Dr. A 10/20/03, 9/22/03, 7/28/03, 8/11/03, 2/24/03 (8 pages)

Dr. O's Letter of Clarification 11/14/03 (1 page)
 Dr. M's record review letter 9/15/03 (3 pages)
 Dr. Y's peer review letter 3/25/03 (2 pages)
 Dr. H' notes 8/5/03 (1 page)
 MRI of right shoulder report 6/30/03 (2 pages)
 TWCC-69 7/29/01, 6/11/03* (2 pages)
 Dr. O's Designated Medical Evaluation 6/11/03 (4 pages)
 Lumbar Range of Motion examination 10/6/00 (1 page)
 X-ray Report Log 6/11/03 (1 page)
 Designated medical evaluation dated 6/11/03 (4 pages)
 Rehab 2000 Daily Progress Notes 5/16/03, 5/14/03, 5/12/03, 5/7/03, 5/5/03, 5/2/03, 4/2/03, 3/28/03, 3/26/03, 3/24/03, 3/21/03, 3/19/03 (12 pages totals)
 Aquatic Exercise Protocol 5/14/03, 5/12/03 (2 pages total)
 TWCC Report of Medical Evaluation 8/14/01, 12/22/00 (2 pages total)
 Carrier Notification of Pre-Authorization Request 10/15/01 (1 page)
 Patient information forms 7/23/01, 7/24/01, 3/12/04, 5/22/00, 4/3/00, 2/28/00, 11/17/00, two dates are illegible, 4/3/00, 2/28/00, 12/6/99, 10/11/99, 8/23/99, 9/2/99, 7/26/99, 12/6/99, 10/11/99, 8/23/99, 8/2/99 (21 pages total)
 Handwritten progress notes 8/11/99 to 4/11 (10 pages)
 Impairment Rating/MMI report 12/22/00 (6 pages)
 IME report 10/6/00 (5 pages)
 Spine Impairment Summary 10/6/00 (2 pages)
 Report of Medical Evaluation 10/6/00 (1 page)
 Prescription for Aquatic therapy 10/17/00 (1 page)
 Prescription 9/25/00 (1 page)
 Dr. L's note 8/15/00 (1 page)
 BOC Works Flash sheets 4/3/00, 8/2/99 (4 pages total)
 Return to Work Notices 6/27/00, 4/3/00, 12/6/99, 8/2/99, 8/23/99 (7 pages total)
 Workers compensation - Subsequent report 8/17/99 (1 page)
 Workers Compensation First Report of Injury 7/16/99 (1 page)
 QVC Accident/Injury/Illness Report Form 7/16/99 (2 pages)

Records from the Requestor

Prospective Review (M2) 9/20/04 (1 page)
 TWCC letter 9/8/04 (1 page)
 Texas Workers' Compensation Work Status reports 9/7/04, 6/29/04 (2 pages total)
 Patient information form 6/29/04 (1 page)
 Office notes from The San Antonio Orthopaedic Group, LLP 6/29/04 (1 page)
 Followup up note from Dr. A 7/30/04 (2 pages)
 Letters from Dr. A 5/31/04, 10/20/03, 9/22/04, 8/25/03 (8 pages)
 Operative report 2/20/04 (2 pages)
 Letter of appeal 8/4/04 (4 pages)

Discharge summary and treatment recommendations 7/15/04 (2 pages)
PPM Biofeedback Treatment and Discharge Summary 7/15/03 (2 pages)
Psychological Evaluation 12/30/03 (5 pages)
Treatment Plan 7/16/04 (4 pages)
Pre-Authorization Requests 8/4/04, 7/21/04, 1/21/04, 1/15/04 (5 pages)
Texas Outpatient Authorization Recommendation 1/21/04 (4 pages total)
Individual Psychotherapy Progress Notes 3/2/04, 3/9/04, 4/14/04, 1/27/04, 2/17/04, 2/10/04, 2/3/04 (9 pages total)
Biofeedback session reports 3/9/04, 4/14/04, 1/27/04, 2/17/04, 2/10/04, 2/3/04, 2/2/04 (8 pages)
Texas Outpatient Partial Authorization Recommendation 4/9/04 (1 page)
Review Determination 11/21/03 (1 page)
Liberty Mutual determination letter 12/31/03 (1 page)
Individual Session Note 2/2/04 (1 page)
Overview of the psychophysiological assessment, undated (3 pages)
Pre-Authorization Intake Form, undated (2 pages total)

Summary of Treatment/Case History:

The claimant is a 53 year old lady who allegedly suffered a workplace injury on ___ when she slipped and fell getting into her car. Subsequently, she developed low back and right hip pain. She has been treated with numerous modalities, including injections, chiropractic and physical therapy, psychotherapy and biofeedback since the injury, but continues to have pain.

Questions for Review:

1. Please advise medical necessity of Chronic Pain Management Program x 30 sessions.

Explanation of Findings:

1. Please advise medical necessity of Chronic Pain Management Program x 30 sessions.

The claimant has had five years of low back and hip pain from a relatively minor accident which apparently produced no anatomical abnormalities. She has undergone intermittent conservative treatment with a wide variety of modalities, both psychological and rehabilitative. Despite this, she continues to have pain, which seems to have spread in anatomic location. She has not been able to return to a sedentary occupation in several years. At this point, her prognosis for regaining full capabilities is poor; however, an intensive multidisciplinary pain management program probably presents her best chance for improvement. As she appears to satisfy all of the selection criteria for such a program, listed below, such a program should be considered medically necessary. Medical necessity is established initially for 10 sessions, with approval of the remaining sessions contingent on satisfactory progress determined with a concurrent review at 10 and 20 days.

Conclusion/Decision to Certify:

The first 10 days of a 30 day outpatient pain management program is considered to be medically necessary. There should be concurrent review after 10 days and 20 days to determine the medical necessity of the remainder of the program on the basis of progress at those points.

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

The usual selection criteria for an intensive 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:

Skouen, et al. (2002). Relative cost-effectiveness of extensive and light multidisciplinary treatment programs versus treatment as usual for patients with chronic low back pain on long-term sick leave: randomized controlled study. *Spine* 27:901-9; discussion 909-10.

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

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

Mayer, et al. (2001). Effect of age on outcomes of tertiary rehabilitation for chronic disabling spinal disorders. *Spine* 26:1378-84.

Guzman, et al. (2001). Multidisciplinary rehabilitation for chronic low back pain: systematic review. *Bmj* 322:1511-6.

Flor, et al. (1992). Efficacy of multidisciplinary pain treatment centers: a meta-analytic review. *Pain* 49:221-30.

Cicala and Wright (1989). Outpatient treatment of patients with chronic pain: an analysis of cost savings. *Clin J Pain* 5:223-6.

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 REQUEST A HEARING:

Either party to the 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 receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas 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 as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
POB 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

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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