

November 4, 2004

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

CLAIMANT:  
EMPLOYEE:  
POLICY: M2-05-0133-01  
IRO CERTIFICATE: 5278

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Medical Review Institute of America (MRIOA) 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 MRIOA for independent review in accordance with TWCC 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 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 MRIOA for independent review.

**Records Received:**

Records Received from the State of Texas:

- 1) 1 Page Order for Production of Documents from Texas Workers' Compensation Commission dated 10/18/04 and signed by Ray Lewis, Supervisor.
- 2) 4 Pages Psychiatric Assessment dated 3/27/03 from Houston Center for Pain Medicine, L.P., and signed by Dr. E, M.D., D.A.A.P.M.
- 3) 1 Page Progress Notes from Houston Center For Pain Medicine, L.P. dated 5/13/03 and signed by Paun J, Ph.D. E, M.D., D.A.A.P.M.
- 4) 3 Page Psychophysiological Profile Assessment dated 5/14/03 from Houston Center For Pain Medicine and signed by.
- 5) 1 Page Progress Note dated 5/29/03 from Houston Center For Pain Medicine, L.P. and signed by Dr. J, Ph.D.
- 6) 1 Page Progress Note dated 5/20/03 from Houston Center For Pain Medicine, L.P. and signed by Dr. J, Ph.D.

- 7) 1 Page Progress Notes dated 6/20/03 from Houston Center For Pain Medicine, L.P., and signed by Dr. J, Ph.D.
- 8) 1 Page Progress Notes dated 7/8/03 from Houston Center For Pain Medicine, L.P., and signed by Dr. J, Ph.D.
- 9) 1 Page Progress Notes dated 7/15/03 from Houston Center For Pain Medicine, L.P., and signed by Dr. J, Ph.D.
- 10) 1 Page Progress Notes dated 7/25/03 from Houston Center For Pain Medicine, L.P., and signed by Dr. J, Ph.D.
- 11) 1 Page Progress Notes dated 7/31/03 from Houston Center For Pain Medicine, L.P., and signed by Dr. J, Ph.D.
- 12) 2 Page Midterm Progress Report dated 6/19/03 from Houston Center For Pain Medicine, L.P., and signed by Dr. E, M.D., D.A.A.P.M.
- 13) 1 Page Notice of Denial of Preauthorization dated 8/23/04
- 14) 5 Page Previous Review dated 10/22/04
- 15) Records previously submitted, to include:

**Records Received from the State:**

- 1 Page Notification of IRO Assignment from TWCC dated 9/24/04
- 1 Page MR-117 from TWCC to Medical Review Ins. of America dated 9/24/04
- 2 Page Medical Dispute Resolution Request/Response form, 9/17/04
- 1 Page Table of Disputed Services
- 2 Page Notice of Reconsideration letter from Broadspire, 9/1/04
- 2 Pages of Fax coversheets from Houston Center for Pain medicine, 8/18/04, 8/31/04
- 1 Page Notice of Denial of Pre-Authorization from Broadspire, 8/23/04

**Records Received from the Insurance Company:**

- 2 Page Letter from \_\_\_\_, 10/1/04
- 1 Page TWCC Case Requests form MRIOA, 9/24/04
- 2 Page Notice of Reconsideration letter, Broadspire, 9/1/04
- 2 Page Medical Dispute Resolution Request/Response form, 9/21/04
- 1 Page Table of disputed services
- 2 Pages Message Confirmation forms, 9/23/04

**Summary of Treatment/Case History:**

The previous review did not certify 30 visits to a chronic pain management program. The reasons were set forth in a detailed discussion. Additional information was obtained by TWCC from Houston Center for Pain Medicine that has been forwarded for perusal to determine if the information contained therein will lead to a change in the original decision.

**Questions for Review:**

1. Please advise medical necessity of chronic pain management program X 30 sessions.
2. This is a reconsideration of a review completed by you previously. Does the additional information change your previous opinion?

**Explanation of Findings:**

The original decision was clear as to the position of several major guidelines, the American College of Occupational and Environmental Medicine Guidelines as well as the Milliman Care Guidelines. There is a lack of data that supports the use of a multidisciplinary facility in the management of chronic pain. In the

present case, it appears the major issue addressed by the Center was that of depression which the patient demonstrated along with ideation of suicide or self-harm. It is appropriate to address the clinical depression of an injured worker, but it is not usual for it to take 30 visits. If the primary treating physician does not feel qualified to address the emotional aspects of an injured worker's complaints, then it is appropriate to refer to a specialist in that area.

In reviewing the new documentation, there is evidence the patient experienced an overly reactive response to the injury and level of pain. There is mention that "the patient reports increasing irritability, anger, mood swings, isolation from friends and family, decreased interest in such things as grooming himself and bathing himself, and decreased appetite, positive feelings of hopelessness and helplessness, all worsening since the date injury on \_\_\_" (this report is dated 3/27/03). These emotions are not unusual for some injured workers and are specifically addressed in the ACOEM Guidelines page 108 "In patients with chronic pain, psychological reactions to the pain become the major contributors to impaired functioning. These include anxiety, helplessness, escape/avoidance behaviors, depression, and increased pain behaviors." These issues should be addressed early in the treatment program and the patient should be encouraged to come to grips with pain. When it is left unattended, the patient worsens. The recommendation from the psychiatrist was for the patient to participate in individual therapy for 8 weeks at 1 visit per week. That was appropriate and was clearly indicated if the primary treating physician did not feel qualified to help the patient address the issues involved. There was a further recommendation that the patient receive biofeedback based upon the results of a PPA. There is a lack of support for this procedure in the community. ACOEM as well as Milliman and QualityFIRST Guidelines clearly state there is a lack of quality scientific studies indicating the efficacy of biofeedback or that it has any impact on a patient's outcome.

**Conclusion/Partial Decision to Certify:**

1. Please advise medical necessity of chronic pain management program X 30 sessions. Eight sessions with a psychiatrist for treatment of clinical depression is appropriate, but not 30 visits.
2. This is a reconsideration of a review completed by you previously. Does the additional information change your previous opinion?  
Other than the 8 weeks for psychophysiological counseling and the use of mood altering drugs for clinical depression, the original decision is continued. Thirty visits falls far outside all known guidelines that are nationally accepted.

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

As listed in the previous review, this decision is based upon documentation/or lack of documentation, local and national community standards the following references:

**References Used in Support of Decision:**

- 1) Occupational Medicine Practice Guidelines, 2nd Edition, American College of Occupational and Environmental Medicine, OEM Press, 2004.
- 2) Milliman Care Guidelines, 8th Edition, Chronic Pain section, Low Back Pain Section.

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This reviewer has been provided by a licensed chiropractor in active practice for over twenty years. This reviewer is a Board eligible Chiropractic Orthopedist and is a member of their state Chiropractic

Association and the American Chiropractic Association. This reviewer specializes in disability evaluation, industrial injuries, roentgenology and independent medical examinations. The reviewer has additional qualifications and training in Acupuncture. This reviewer is certified by their State Chiropractic Association in Industrial Disability examinations and evaluations.

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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