

October 14, 2004

ROSALINDA/GAIL ANDERSON
TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-0170-01

CLIENT TRACKING NUMBER: M2-05-0170-01 /IRO CERTIFICATE #5782

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:

- Notification of IRO assignment dated 10/5/04 (1 page)
- Texas Workers' Compensation Commission IRO notification dated 10/5/04 (1 page)
- Medical dispute resolution request/response form, date stamp for receipt from requestor 9/24/04 (2 pages)
- Letter from Liberty Mutual Group/Wausau dated 10/1/04 (2 pages)
- Table of disputed services, this form is blank and undated (1 page)
- Letter from Liberty Mutual Group/Wausau dated 9/13/04 (1 page)
- Letter from ____, LPC dated 7/20/04 (4 pages)
- Letter from Liberty Mutual Group/Wausau dated 7/12/04 (1 page)
- Letter from Garland Pain Systems dated 6/30/04 (1 page)

Records from the Insurance Company:

- Letter from Liberty Mutual Group/Wausau dated 10/1/04 (1 page)
- Letter from Liberty Mutual Group/Wausau dated 10/1/04 (2 pages)
- Peer Review Analysis case report for Liberty Mutual dated 7/12/04 (3 pages)
- Peer Review Analysis case report for Liberty Mutual dated 8/11/04 (3 pages)
- Medical dispute resolution request/response form, date stamp for receipt from requestor 9/24/04 (2 pages)
- Table of disputed services, this form is blank and undated (1 page)

- Letter from Liberty Mutual Group/Wausau dated 8/11/04 (1 page)
- Letter from ____, LPC dated 7/20/04 (4 pages)
- Letter from Garland Pain Systems dated 6/30/04 (1 page)
- Evaluation dated 6/16/04 (2 pages)
- Fax coversheet from Garland Pain Systems dated 6/30/04 (1 page)
- Letter from Garland Pain Systems dated 6/30/04 (1 page)
- Evaluation dated 6/16/04 (5 pages)

Records from the Requestor:

- Letter from Garland Pain Systems dated 10/6/04 (1 page)
- Prospective review (MS) letter dated 10/5/04 (1 page)
- Common ICD-9 codes form dated 4/26/02 (2 page)
- Cervical and thoracic spine study report dated 4/26/02 (1 page)
- Accident injury chiropractic referral form dated 4/26/02 (1 page)
- Musculoskeletal examination dated 4/26/02 (1 page)
- Extremity examination dated 4/26/02 (2 pages)
- Office note dated 4/29/02 (1 page)
- Office note dated 5/1/02 (1 page)
- Initial report dated 5/2/02 (3 pages)
- Cervical, thoracic and lumbar spine study report dated 4/26/02 (2 pages)
- Office note dated 5/3/02 (1 page)
- Office note dated 5/6/02 (1 page)
- MRI scan of the lumbar spine report dated 5/2/02 (2 pages)
- Office note dated 5/6/02 (1 page)
- Office note dated 5/7/02 (1 page)
- Office note dated 5/8/02 (1 page)
- Medical consultation dated 5/9/02 (3 pages)
- Office note dated, date cut off (1 page)
- MRI scan of the cervical spine report dated 5/10/02 (2 pages)
- Office note dated 5/13/02 (1 page)
- Office note dated 5/14/02 (1 page)
- Office note dated 5/14/02 (1 page)
- Musculoskeletal examination dated 5/16/02 (1 page)
- Extremity examination dated 5/16/02 (1 page)
- Thoracic and lumbar spine report dated 5/8/02 (2 pages)
- Office note dated 5/18/02 (1 page)
- Office note dated 5/21/02 (1 page)
- Office note dated 5/22/02 (1 page)
- Office note dated 5/24/02 (1 page)
- Office note dated 5/29/02 (1 page)
- Office note dated 5/30/02 (1 page)
- Diagnostic report dated 5/31/02 (2 pages)
- Electrodiagnostic results report dated 5/31/02 (4 pages)

- Office note dated 6/5/02 (1 page)
- Office note dated 6/6/02 (1 page)
- Office note dated 6/7/02 (1 page)
- Followup visit dated 6/5/02 (2 pages)
- Musculoskeletal examination dated 6/10/02 (1 page)
- Comprehensive patient examination dated 6/14/02 (6 pages)
- Rehab daily therapy notes dated 6/24/02 and 6/25/02 (1 page)
- Initial chart note dated 10/2/02 (4 pages)
- Office note dated 4/17/02 (4 pages)
- Office note dated 10/9/02 (2 pages)
- Office note dated 10/23/02 (2 pages)
- Letter of medical necessity dated 12/4/02 (1 page)
- Consultation report dated 2/27/03 (2 pages)
- Letter from Dr. V dated 4/1/03 (2 pages)
- Report of procedure dated 4/10/03 (1 page)
- Consultation report dated 4/10/03 (2 pages)
- Consultation report dated 4/10/03 (1 page)
- Post injection evaluation dated 4/10/03 (2 pages)
- Electrodiagnostic results dated 4/28/03 (1 page)
- Diagnostic report dated 4/28/03 (1 page)
- Report of procedure dated 5/1/03 (2 pages)
- Consultation report dated 5/1/03 (1 page)
- Consultation report dated 5/1/03 (1 page)
- Initial chart note dated 5/16/03 (2 pages)
- Report of procedure dated 5/22/03 (1 page)
- Consultation report dated 5/22/03 (2 pages)
- Consultation report dated 5/22/03 (1 page)
- Chart note dated 6/9/03 (2 pages)
- Pain clinic note dated 6/11/03 (2 pages)
- Pain clinic note dated 7/18/03 (1 page)
- Office note dated 7/22/03 (1 page)
- Office note dated 7/31/03 (1 page)
- Pain clinic note dated 8/8/03 (1 page)
- Chart note dated 8/18/03 (2 pages)
- MRI of the cervical spine report dated 8/22/03 (2 pages)
- Chart note dated 8/25/03 (1 page)
- Office note dated 10/16/03 (1 page)
- Office note dated 10/28/03 (1 page)
- Office note dated 11/25/03 (1 page)
- Cervical spine CT myelogram report dated 11/25/03 (1 page)
- Chart note dated 12/9/03 (1 page)
- Letter from Dr. L dated 1/14/04 (2 pages)
- Office note dated 2/3/04 (1 page)

- Office note dated 2/17/04 (1 page)
- Chart note dated 2/20/04 (1 page)
- Operative report dated 3/19/04 (3 pages)
- Office note dated 3/24/04 (1 page)
- Office note dated 4/6/04 (1 page)
- Chart note dated 4/7/04 (1 page)
- Chart note dated 4/20/04 (1 page)
- Office note dated 4/27/04 (1 page)
- Office note dated 5/13/04 (2 pages)
- Chart note dated 5/18/04 (1 page)
- Chart note dated 6/8/04 (3 pages)
- Case information form dated 6/8/04 (1 page)
- Request for reconsideration letter dated 7/20/04 (4 pages)
- Precertification letter dated 6/30/01 (1 page)
- Evaluation dated 6/16/04 (5 pages)

Summary of Treatment/Case History:

The patient is a 45 year old man who suffered a work related accident on _____. While working in an oil field laying pipe, he fell on a rotary table and then to the rig floor. He fell back, twisted his body and felt a whiplash in his neck and struck his head. He has complained of pain in the back, neck and shoulder since. He had been doing this work for about 17 years, and although being released to work on light duty, he did not return to work for a fear of re-injury. He is described as currently working. He underwent MRIs and discograms, and on 3/19/04 had an anterior cervical discectomy at the C3-4 level. He has also received physical therapy, chiropractic adjustments, exercise therapy, stretching, heat and ice, epidural injections, e-stimulation, aqua therapy and work conditioning. He has been prescribed hydrocodone, Narco, Lorcet and Xanax, as well as using Advil and Tylenol.

He has no other medical conditions of note and denies any psychiatric history. He complains of depression with difficulty falling asleep and staying asleep. He is noted to have a depressed mood, decreased interest, psychomotor retardation and loss of weight. A Beck Anxiety Inventory showed mild anxiety symptoms and a Hamilton Rating Scale of Depression showed moderate to severe depression. As far as can be determined, he has not been in individual therapy nor has he been treated with antidepressant medication.

The request is for the patient to participate in a Chronic Pain Management Program.

Questions for Review:

1. Please address prospective medical necessity of the proposed chronic behavioral pain management x 10 sessions, regarding the above mentioned injured worker.

Explanation of Findings:

1. Please address prospective medical necessity of the proposed chronic behavioral pain management x 10 sessions, regarding the above mentioned injured worker.

The finding of this review is that medical necessity is not currently met for the proposed program. Before such a program can be determined medically necessary, lower levels of psychological and behavioral intervention should be utilized and the possibility of the use of antidepressant medication should be strongly considered.

Conclusion/Decision to Not Certify:

The Chronic Pain Management Program is not certified.

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

Pharmacologic Management of Chronic Pain. J Am Osteopath Assoc (United States), Sep 2002, 102(9Suppl 3)

References Used in Support of Decision:

Arena JG: Chronic Pain: Psychological Approaches for the Front-Line Clinician. J Clin Psychol (United States) Nov 2002, 55(10)

The physician providing this review is board certified in Psychiatry and Addiction Psychiatry. The reviewer is a member of the American Medical Association, the American Psychiatric Association, the American Psychoanalytic Association, The American Society for Adolescent Psychiatry and their State Medical and Psychiatric societies. The reviewer has served as an administrator, consultant, assistant clinical professor and Medical Director. The reviewer has been in active practice since 1967.

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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CC: Requestor
Respondent