

November 24, 2004

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M2-05-0349-01
CLIENT TRACKING NUMBER: M205-0349-01 5278

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:

TWCC Notification of IRO Assignment, 11/15/04
Medical Dispute Resolution Request/Response
Table of Disputed Services
Provider list
Review Determinations, 9/30/04, 10/26/04

Records received from Dr. McMillan:

Report of MRI of cervical spine, 11/7/00

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Initial evaluation reports, 6/23/04
Electrophysiological study report, 6/24/04
Subsequent Medical Reports, 7/15/04, 8/23/04, 9/21/04,
Mental Health Evaluation, 8/11/04
WC's Indications for Assessment/Evaluation, 8/23/04
Concurrent Request – Chronic Pain, 9/23/04
Report of MRI of lumbar spine, 9/25/02
Request for Reconsideration, 10/15/04

Records received from Hartford Insurance:

Pain Management Group Session Monitoring Forms, 9/13/04, 9/14/04, 9/16/04, 9/17/04,
Chronic Pain Management Program Daily Activity Sheets 9/13/04, 9/14/04
Massage Therapy Sessions 9/14/04
Bio Integrator Body Measure Printout
Daily Progress Notes 8/12/04, 6/18/04, 6/9/04, 6/22/04, 6/23/04, 6/25/04, 6/29/04, 7/1/04,
7/2/04, 7/6/04, 7/8/04, 7/9/04, 7/20/04, 7/22/04, 7/23/04, 7/27/04, 7/29/04, 7/30/04,
Prescription for EMS Device 7/20/04
Gulf Coast DME letter
Initial evaluation reports, 6/23/04
Payment recovery letter 9/23/04
Mental Health Evaluation, 8/11/04
Review Determinations, 9/30/04, 10/26/04
Concurrent Review Request 9/27/04
Subsequent Medical report, 9/21/04
Concurrent Request–Chronic Pain, 9/23/04
TWCC Work Status Report 9/21/04, 8/23/04,
Disability certificate 8/17/04
SRS letter 9/13/04
Dr. Brenman's IMR report
Nurse's Chronological List of Submitted Records 9/13/04
Intracorp Invoice 9/21/04
Preauthorization request 10/19/04, 9/2/04
Request for reconsideration, 10/15/04
Prospective Review (M2) Information Request 11/15/04

Summary of Treatment/Case History:

The claimant is a 48 year-old gentleman who allegedly suffered an injury in a work-related motor vehicle accident on _____. Subsequently, he developed neck and low back pain. He was initially treated with physical therapy and chiropractic manipulation. Ultimately he underwent a three-level cervical fusion on 5/1/01. He has continued to have back pain despite epidural steroid injections. Physical exam reveals positive straight leg raising bilaterally. He was admitted to a chronic pain management program and has completed the originally-approved 10 sessions. According to the submitted medical record, the claimant has made some progress in the first 10 sessions.

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Questions for Review:

1. Please address prospective medical necessity of the proposed chronic pain management program, regarding the above-mentioned injured worker.

Explanation of Findings:

The claimant has a chronic pain syndrome that affects both his neck and low back. There are physical and EMG findings consistent with lumbar radiculopathy. He has undergone a multi-level cervical fusion which, if anything, made his neck pain worse. As a result of the longstanding chronic pain, the claimant has developed a significant depression. The first ten sessions of the chronic pain program have resulted in a slight improvement in the pain and, apparently in his functioning. Given the severity of his pain syndrome and consequent impairment, there are no other viable treatment options. Therefore, he should be permitted to complete the program, notwithstanding the small amount of progress shown thus far.

Conclusion/Decision to Certify:

1. Please address prospective medical necessity of the proposed chronic pain management program, regarding the above-mentioned injured worker.

A final 20 days of the chronic pain management program as certified as medically necessary.

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

Applicable selection criteria for a chronic 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:

Patrick, et al. (2004). Long-term outcomes in multidisciplinary treatment of chronic low back pain: results of a 13-year follow-up. *Spine* 29:850-5.

Haldorsen, et al. (2002). Is there a right treatment for a particular patient group? Comparison of ordinary treatment, light multidisciplinary treatment, and extensive multidisciplinary treatment for long-term sick-listed employees with musculoskeletal pain. *Pain* 95:49-63.

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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.

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.

MRloA 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 received by 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.

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Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRloA 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 MRloA 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 MRloA 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 MRloA 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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vso

cc: Requestor, Dean McMillan, MD
Respondent, Hartford Underwriters Insurance