

March 7, 2005

Re: **MDR #:** M2-05-0644-01 **Injured Employee:**
 TWCC#:
 IRO Cert. #: 5055 **DOI:**
 SS#:

TRANSMITTED VIA FAX TO:

Texas Workers' Compensation Commission

Attention: Rosalinda Lopez
Medical Dispute Resolution
Fax: (512) 804-4868

REQUESTOR:

Cameron Jackson, D.C.
Attention: Courtney Nixon
(713) 527-8558

RESPONDENT:

Royal & Sun Alliance Insurance
Attention: M. Wiggins
(972) 713-5258

TREATING DOCTOR:

Luis Marioni, D.C.
915) 598-4538

Dear ____:

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

I am the Secretary and General Counsel of Independent Review, Inc. 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 care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is board certified in Anesthesiology and in Pain Management and is currently listed on the TWCC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the Texas

Workers' Compensation Commission. This decision by Independent Review, Inc. 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, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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

Sincerely,

Gilbert Prud'homme
Secretary & General Counsel

GP/thh

REVIEWER'S REPORT M2-05-0644-01

Information Provided for Review:
TWCC-60, Table of Disputed Services, EOB's
Information provided by Requestor:
Correspondence
Office visits 09/16/04 – 11/22/04

Information provided by Respondent:

Correspondence
Designated doctor exams

Information provided by Treating Doctor:

Office visits 01/08/04 – 01/03/05
Physical therapy notes 08/03/04 – 11/19/04
FCE's 01/22/04 – 11/30/04
Electrodiagnostic study 01/27/04
Radiology reports 12/01/03 – 08/16/04

Information provided by Orthopedic Surgeon:

Office visits 01/12/04 – 01/06/05
Operative report 02/18/04

Information provided by Pain Management Specialist:

Office visits 01/20/04 – 10/14/04

Clinical History:

This injured worker sustained a work-related injury on ___ when he was lifting a metal rod and felt a pop and pull in his right shoulder. Since then, he has undergone evaluation and treatment with physical therapy, medications, and eventual right shoulder rotator cuff surgery on 2/18/04, but with ongoing pain primarily in the shoulder. He also reports psychological consequences with chronic pain and lack of sustained benefit, including frustration, feelings of inadequacy, and he has been felt to exhibit depressed mood as part of a possible chronic pain syndrome.

Disputed Services:

Chronic pain management program, 5 X weekly X 6 weeks (30 sessions).

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the chronic pain management program in dispute is not medically necessary in this case.

Rationale:

Though the reviewer does feel that this patient may benefit from a more integrated, multidisciplinary, comprehensive approach that may address not only his physical complaints, but also is emotional and psychological needs providing his chronic pain condition, the reviewer does feel that the treatment rendered so far would be considered an adequate trial of therapy for his pain condition.

Specifically, pain management services have not been optimally utilized. Though he has seen a pain specialist on at least a couple of occasions, the extent of treatment recommendations have included the use of anti-inflammatory medications such as ibuprofen, Tylenol, muscle relaxants such as cyclobenzaprine, and perhaps a shoulder injection. At some point, Ultracet may have also been attempted. Further involvement with a chronic pain management specialist may offer some more aggressive symptomatic treatment options for this claimant, which would likely need to be followed by continued physical therapy, especially if there is a concern that his shoulder may have an impingement syndrome now. Adequate pain controls followed by aggressive physical therapy with joint mobilization and increasing range of motion should be attempted. If necessary, manipulation of the right shoulder, even under anesthesia may

occasionally be required for impingement syndrome, if present, especially in the case where the pain does not allow for adequate mobilization in physical therapy, etc.

Once a more aggressive pain control program followed by physical therapy and shoulder manipulation has been completed, if this claimant continues to be in a significant amount of pain and continues to exhibit emotional and psychological consequences to the chronic pain condition, especially if there are concerns about the level of usage of medications, etc., (which does not appear to be the case currently), then this claimant may well need to be reassessed for the possibility of a chronic pain program at that time.