



Specialty Independent Review Organization, Inc.

February 4, 2005

Hilda Baker
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M2-05-0688-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Medical Doctor who is board certified in Pain Management and Anesthesiology. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This is a 46 year old woman with a history of morbid obesity, degenerative disc disease, lumbar spondylosis, who fell on her knee and back. She has had MRIs, myelograms, discograms, epidural steroids, as well as a course of 20 sessions of multi-disciplinary pain management.

Records Reviewed:

- Records from carrier:
- Letters from Corvel
- Letters from HDM Group
- Medical records from SADI/Pain Management Center
- Medical records from the San Antonio Orthopedic Group, LLC
- Peer review decision from MES Solutions

Churchill Evaluation Centers - Report of medical evaluation
C&H Medical Solutions Medical Evaluation
TWCC-69 Report of medical evaluation
Letter from Timothy Fahey
Letter from Michael Earle, MD
Medical records from Health South
Radiology reports
MD Rehab of Texas - physical performance evaluation

Records from Doctor/Facility:
Bexar County Healthcare systems evaluation
Multidisciplinary Pain Management Program Notes - intake 26 pages
L. Bieler medical notes
PPE - Bexar County Healthcare Systems
Multidisciplinary treatment notes

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of 10 sessions of chronic behavior pain management program.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

This decision is supported by Clinical Practice Guidelines for Chronic Non-malignant Pain Syndrome Patients II: an evidence-based approach. *J Back Musculoskeletal Rehabilitation*, 1999; 13: 47-58. "It is recommended ... (the patient) ... have a trial acceptance and be monitored closely for the first two to five full treatment days. Their initial response, compliance, motivation, and understanding of goals can be assessed. If they demonstrate compliance and signs of any initial progress during this trial period, they can continue in the full interdisciplinary treatment with continued review to completion." Therapists in biofeedback, in interactive group therapy, physical therapy have recorded "good" benefit from the program; however, in the weekly summaries it is stated that there has been moderate progress toward goal (12-15-2004) then on 12-22-2004 and 12-29-2004 there has been minimal progress to goal. The patient has gotten some initial benefit but then plateaued. There is no evidence that additional chronic pain management treatment sessions is going to changes.

Further, Guzman et al (Multidisciplinary bio-psycho-social rehabilitation for chronic low back pain (Cochrane review) In: *The Cochrane Library*, Issue 3, 2004. Chichester, UK: John Wiley & Sons, Ltd.) concludes that intensive multidisciplinary bio-psycho-social rehabilitation with a functional restoration approach improves pain and function. Less intensive did not show

improvements in clinically relevant outcomes. There is no evidence that repeated sessions lead to further improvement.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) 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 Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this ___4th___ day of _February_, 2005 ___

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli