

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-05-4883.M2

February 8, 2005

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-0691-01

CLIENT TRACKING NUMBER: M2-05-0691-01 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:

Notification of IRO assignment dated 1/25/05, 1 page

Letter from TWCC dated 1/25/05, 1 page

Medical dispute resolution request/response, date received from requestor 1/5/02, 5 pages

Notice of utilization review findings dated 12/1/04, 2 pages

Notice of utilization review findings dated 12/14/04, 2 pages

Records Received from SORM:

TWCC information request letter from MRIOA dated 1/25/05, 1 page

Medical dispute resolution request/response, undated, 3 pages

Notice of utilization review findings dated 12/1/04, 2 pages

Notice of utilization review findings dated 12/14/04, 2 pages

Prescription for chronic pain management program dated 9/30/04, 1 page

Psychological evaluation report dated 10/8/04, 7 pages

Overview of the psychophysiological assessment, undated, 3 pages

Physical performance evaluation, undated, 1 page
Letter from Positive Pain Management, Inc dated 12/8/04, 4 pages
Request for additional 15 days dated 11/23/04, 2 pages
Summary of biofeedback treatment/request for 15 additional visits dated 11/23/04, 2 pages
Physical performance evaluation, undated, 1 page
Physical performance evaluation, dated 11/22/04, 2 pages
Physical finding report dated 11/22/04, 2 pages
Patient goals and treatments dated 11/22/04, 1 page
Summary of biofeedback treatment/request for 20 additional visits dated 11/9/04, 2 pages
Request for additional 20 days dated 11/9/04, 2 pages
Physical performance evaluation, undated, 1 page
Physical performance evaluation, dated 11/28/04, 2 pages
Physical finding report dated 11/8/04, 2 pages
Patient goals and treatments dated 11/8/04, 1 page
Physical performance evaluation, dated 10/8/04, 2 pages
Physical finding report dated 10/8/04, 2 pages
Patient goals and treatments dated 10/8/04, 1 page
Required medical examination dated 8/26/04, 10 pages
SOAP dated 11/22/04, 1 page
Individual psychotherapy progress note and ongoing treatment recommendations dated 11/22/04, 1 page
Massage therapy progress note dated 11/22/04, 1 page
Physical performance evaluation, undated, 1 page
Physical performance evaluation, dated 11/22/04, 2 pages
Physical finding report dated 11/22/04, 2 pages
Patient goals and treatments dated 11/22/04, 1 page
Tai Chi group progress notes dated 11/22/04, 2 pages
Individual psychotherapy progress note and ongoing treatment recommendations dated 11/22/04, 1 page
SOAP dated 11/23/04, 1 page
Group session note dated 11/23/04, 1 page
Yoga group progress note dated 11/23/04, 1 page
Biofeedback session report dated 11/23/04, 1 page
Neuromuscular integrative action group progress note dated 11/23/04, 1 page
SOAP dated 11/24/04, 1 page
Feldenkrais group progress note dated 11/24/04, 1 page
Acupuncture progress note dated 11/24/04, 1 page
Individual psychotherapy progress note and ongoing treatment recommendations dated 11/24/04, 1 page

Massage therapy progress note dated 11/24/04, 1 page
SOAP note dated 11/15/04, 1 page
Individual psychotherapy progress note and ongoing treatment recommendations dated 11/15/04, 1 page
Feldenkrais group progress note dated 11/15/04, 1 page
Massage therapy progress note dated 11/15/04, 1 page
Tai Chi group progress note dated 11/15/04, 1 page
Group therapy progress note dated 11/15/04, 1 page
SOAP note dated 11/16/04, 1 page
Group session note dated 11/16/04, 1 page
Yoga group progress note dated 11/16/04, 1 page
Biofeedback session report dated 11/16/04, 1 page
Neuromuscular integrative action group progress note dated 11/16/04, 1 page
SOAP note dated 11/18/04, 1 page
Nutrition group note dated 11/18/04, 1 page
Yoga group progress note dated 11/16/04, 1 page
Yoga group progress note dated 11/18/04, 1 page
Massage therapy progress note dated 11/18/04, 1 page
Tai Chi group progress note dated 11/18/04, 1 page
Biofeedback session report dated 11/18/04, 1 page
SOAP note dated 11/19/04, 1 page
Biofeedback session report dated 11/19/04, 1 page
Acupuncture progress note dated 11/19/04, 1 page
Neuromuscular integrative action group progress note dated 11/19/04, 1 page
Individual psychotherapy progress note dated 11/19/04, 1 page
Individual psychotherapy progress note dated 11/19/04, 1 page

Records Received from State Office of Risk Management:

Letter from State Office of Risk Management dated 1/31/05, 1 page
Psychological evaluation report dated 10/8/04, 7 pages
Overview of the psychophysiological assessment report, undated, 3 pages
Required medical examination dated 8/26/04, 10 pages
Office visit report dated 8/30/04, 2 pages
Initial evaluation dated 4/18/03, 3 pages
Behavioral medical service report dated 1/5/05, 1 page
Initial behavioral medical evaluation report dated 1/5/05, 3 pages
Behavioral medical service report dated 1/20/05, 1 page
Office records dated 12/21/04 to 1/19/05, 7 pages
Treatment log for dates 11/22/04 to 11/26/04, 1 page
SOAP note dated 11/22/04, 1 page

Individual psychotherapy progress note and ongoing treatment recommendations dated 11/22/04,
1 page
Feldenkrais group progress notes dated 11/22/04, 1 page
Physical performance evaluation, undated, 1 page
Physical performance evaluation, 11/22/04, 1 page
Physical finding report dated 11/22/04, 3 pages
Patient goals and treatments dated 11/22/04, 1 page
Massage therapy progress note dated 11/22/04, 1 page
Tai Chi group progress note dated 11/22/04, 1 page
Individual psychotherapy progress note and ongoing treatment recommendations dated 11/22/04,
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SOAP note dated 11/23/04, 1 page
Group session note dated 11/23/04, 1 page
Yoga group progress note dated 11/23/04, 1 page
Biofeedback session report dated 11/23/04, 1 page
Neuromuscular integrative action group progress note dated 11/23/04, 1 page
SOAP note dated 11/24/04, 1 page
Feldenkrais group progress notes dated 11/24/04, 1 page
Acupuncture progress notes dated 11/24/04, 1 page
Individual psychotherapy progress note and ongoing treatment recommendations dated 11/24/04,
1 page
Treatment log dated 11/8/04 to 11/12/04, 1 page
Physical performance evaluation, undated, 1 page
Physical performance evaluation, 11/8/04, 1 page
Physical finding report dated 11/8/04, 3 pages
Patient goals and treatments dated 11/8/04, 1 page
Individual psychotherapy progress note and ongoing treatment recommendations dated 11/8/04,
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Feldenkrais group progress notes dated 11/8/04, 1 page
SOAP note dated 11/8/04, 1 page
Massage therapy progress note dated 11/8/04, 1 page
Tai Chi progress note dated 11/8/04, 1 page
Group therapy progress note dated 11/8/04, 1 page
SOAP note dated 11/10/04, 1 page
Feldenkrais group progress notes dated 11/10/04, 1 page
Acupuncture progress notes dated 11/10/04, 1 page
Biofeedback session report dated 11/10/04, 1 page
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Biofeedback session report dated 11/12/04, 1 page
Neuromuscular integrative action group progress notes dated 11/12/04, 1 page
Individual psychotherapy progress note and ongoing treatment recommendations dated 11/12/04, 1 page
Massage therapy progress notes dated 11/12/04, 1 page
Treatment log dated 10/25/04 to 10/29/04, 1 page
Individual session notes dated 10/28/04, 2 pages
SOAP note dated 10/28/04, 1 page
Yoga group progress notes dated 10/28/04, 1 page
Group therapy progress notes dated 10/28/04, 1 page
Massage therapy progress notes dated 10/28/04, 1 page
SOAP note dated 10/29/04, 1 page
Tai Chi group progress notes 10/29/04, 1 page
Acupuncture progress notes dated 10/29/04, 1 page
Neuromuscular integrative action group progress notes dated 10/29/04, 1 page
Hypnosis progress notes dated 10/29/04, 1 page
Biofeedback session report dated 8/29/04, 1 page
Extensive peer review dated 5/28/01, 6 pages
Neurological followup report dated 3/13/02, 2 pages
Neurological followup report dated 2/14/02, 2 pages
Neurological followup report dated 1/8/03, 2 pages
Payment of compensation or notice of refuse/disputed claim form dated 2/14/03, 1 page
Neurological followup report dated 1/8/03, 2 pages
Neurological followup report dated 12/10/02, 2 pages
Neurological followup report dated 11/12/02, 2 pages
Office notes dated 6/21/02, 3 pages
Letter from Dr. Hummer dated 2/24/03, 1 page
Office note dated 8/12/02, 1 page
Neurological followup report dated 6/19/02, 2 pages
Neurological followup report dated 7/9/02, 2 pages
Letter from Dr. Osborne dated 5/9/02, 3 pages
Office note dated 6/21/02, 1 page
Neurological followup report dated 12/10/02, 2 pages
Office note dated 6/21/02, 1 page
Neurological followup report dated 10/14/02, 2 pages
Neurological followup report dated 11/10/02, 2 pages
Letter from Dr. Hummer dated 9/12/02, 1 page
Neurological followup report dated 6/19/02, 2 pages
Neurological followup report dated 5/13/02, 2 pages

Letter from Dr. Osborne dated 5/9/02, 3 pages
History and physical exam dated 4/29/02, 9 pages
Client information dated 4/29/02, 1 page
Dynamic progressive lifting summary dated 4/29/02, 2 pages
Office consultation dated 6/12/03, 2 pages
Payment of compensation or notice of refused/disputed claim form dated 9/17/03, 1 page
Operative report dated 8/26/03, 2 pages
Progress note dated 8/22/03, 1 page
Psychology progress note dated 9/23/03, 2 pages
Psychology progress note dated 10/3/03, 1 page
Chart note dated 10/10/03, 1 page
Psych progress note dated 10/21/03, 1 page
Letter of medical necessity dated 9/19/03, 1 page
Letters of medical necessity dated 6/13/03, 4 pages
Office visit report dated 7/1/03, 2 pages
Physical therapy evaluation dated 9/10/03, 2 pages
Psychological evaluation dated 9/15/03, 3 pages
Psychological evaluation dated 7/24/03, 6 pages
Initial evaluation dated 4/18/03, 3 pages
Initial evaluation dated 4/30/03, 5 pages
Physical therapy progress note dated 12/29/03, 1 page
Physical therapy progress note dated 12/17/03, 2 pages
Patient assessment forms dated 11/21/03 through 3/1/04, 148 pages
Progress note dated 9/11/03, 5 pages
Progress note dated 10/1/03, 2 pages
Psychology progress note dated 10/3/03, 2 pages
Office visit report dated 2/12/04, 2 pages
Office visit report dated 3/11/04, 1 page
Emergency department record dated 10/10/03, 1 page
Progress note dated 11/4/03, 1 page
Physical therapy progress note dated 12/29/03, 1 page
Physical therapy initial evaluation dated 12/17/03, 1 page
Office visit report dated 12/18/03, 1 page
Office visit report dated 12/31/03, 2 pages
Progress note dated 8/7/03, 1 page
Office consultation dated 6/12/03, 1 page
Initial evaluation dated 4/30/03, 4 pages
Operative report dated 8/26/03, 2 pages
Behavioral medical service report dated 1/5/05, 1 page
Initial behavioral medical evaluation dated 1/5/05, 3 pages

Treatment records 12/21/04 through 1/19/05, 5 pages
Letter from Dr. Osborne dated 5/27/04, 3 pages
History report dated 5/27/04, 10 pages
Required medical examination dated 8/26/04, 10 pages
Treatment records 9/22/04 through 12/27/04, 10 pages
SOAP notes dated 11/15/04 through 11/24/04, 7 pages
Individual psychotherapy progress note and ongoing treatment recommendations dated 11/15/04 through 11/24/04, 5 pages
Feldenkrais group progress notes dated 11/15/04 through 11/24/04, 3 pages
Physical performance evaluation, undated, 1 page
Physical performance evaluation dated 11/22/04, 2 pages
Physical finding report dated 11/22/04, 2 pages
Patient goals and treatment dated 11/22/04, 1 page
Massage therapy progress notes dated 11/8/04 through 11/24/04, 6 pages
Tai chi group progress notes dated 11/8/04 through 11/22/04, 5 pages
Group session notes dated 11/8/04 through 11/23/04, 5 pages
Yoga group progress notes dated 11/16/04 through 11/23/04, 3 pages
Biofeedback session reports dated 11/10/04 through 11/23/04, 6 pages
Neuromuscular integrative action group progress notes dated 11/12/04 through 11/23/04, 4 pages
Acupuncture progress notes dated 11/10/04 through 11/24/04, 4 pages
Treatment logs for dates 10/25/04 through 11/19/04, 3 pages
Nutrition group note dated 11/18/04, 1 page
Individual psychotherapy progress note dated 11/19/04, 1 page
Physical performance evaluation, undated, 1 page
Physical performance evaluation dated 11/8/04, 2 pages
Physical finding report dated 11/8/04, 2 pages
Patient goals and treatment dated 11/8/04, 1 page
Individual psychotherapy progress note and ongoing treatment recommendations dated 11/8/04 and 11/12/04, 2 pages
Feldenkrais group progress notes dated 11/8/04 and 11/10/04, 2 pages
SOAP notes dated 10/28/04 through 11/12/04, 4 pages
Treatment notes dated 9/15 through 11/3, 1 page
Notice of utilization review findings dated 11/15/04, 1 page
Preauthorization request form dated 11/9/04, 1 page
Summary of biofeedback treatment/request for 20 additional visits dated 11/9/04, 2 pages
Request for additional 20 days dated 11/9/04, 2 pages
Physical performance evaluation, undated, 1 page
Forte recommendation dated 10/21/04, 1 page
Preauthorization request form dated 10/25/04 1 page
Individual session note dated 10/28/04, 2 pages

Yoga group progress notes dated 10/28/04, 1 page
Group therapy progress notes dated 10/28/04, 1 page
Massage therapy progress notes dated 10/28/04, 1 page
SOAP note dated 10/29/04, 1 page
Tai Chi group progress notes dated 10/29/04, 1 page
Acupuncture progress notes dated 10/29/04, 1 page
Neuromuscular integrative action group progress notes dated 10/29/04, 1 page
Hypnosis progress note dated 10/29/04, 1 page
Biofeedback session report dated 8/29/04, 1 page
Treatment notes dated 8/9 through 10/27, 2 pages
Letter of medical necessity dated 6/16/04, 1 page
Fax coversheet from Austin Pain Associates dated 6/16/04, 1 page
Notice of utilization review findings dated 10/26/04, 3 pages
Preauthorization request dated 10/20/04, 1 page
Psychological evaluation report dated 10/8/04, 7 pages
Overview of the psychophysiological assessment, undated, 3 pages
Physical performance evaluation, undated, 1 page
Positive pain management treatment plan dated 10/20/04, 4 pages
Forte recommendation 10/14/04, 1 page
Letter of agreement dated 10/21/04, 1 page
Required medical examination dated 10/26/04, 1 page
Treatment notes dated 10/29/03 through 7/16/04, 3 pages
Office visit reports dated 12/18/03 through 6/9/04, 14 pages
Office visit pain diagrams dated 12/18/03 and 12/31/03, 2 pages
Benefit dispute agreement form dated 6/7/04, 1 page
Progress note dated 2/18/04, 1 page
Psychology progress note dated 10/21/03 and 10/28/03, 4 pages
Treatment notes dated 7/20 through 8/2, 1 page

Summary of Treatment/Case History:

The claimant is a 44 year old lady who suffered a workplace injury on ___ when she struck the dorsum of her right hand on a metal cart. Subsequently, she developed progressive pain in her right hand and arm along with swelling, temperature change, discoloration and allodynia of the arm. During the following years, she also developed migraine headaches and the pain spread to involve her chest and contralateral arm. She has had extensive physical and psychological therapy, as well as stellate ganglion blocks, none of which has led to resolution or significant relief from the pain. Most recently she has undergone 12 sessions of a CARF-accredited outpatient multidisciplinary pain management program. During these sessions, she has made slight, but documented progress.

Questions for Review:

Please address prospective medical necessity of the proposed additional 15 days of outpatient pain management program, regarding the above-mentioned injured worker.

Explanation of Findings:

The claimant apparently suffers from a progressive Neuropathic pain syndrome which is, possibly, a variant of CRPS I (reflex sympathetic dystrophy). Fortunately for the claimant, the syndrome has not followed its typical course, when unresponsive to treatment, and progressed to atrophy of the limb. However, the symptoms have spread beyond the originally-injured area. At this point, her only realistic therapeutic choices are: 1) titrated oral opioids, possibly in high doses, 2) implantation of a spinal cord stimulator if this proved effective upon a trial, 3) implantation of an intrathecal morphine pump if this were effective and 4) an intensive multidisciplinary pain management program such as the proposed program. Given that the intensive pain management program is much less risk-prone and invasive than the other possibilities, it is reasonable to afford an adequate trial of this before abandoning it. It is likely unreasonable to expect any more than a minimal progress in 12 sessions. She will likely require prolonged treatment to receive maximal benefit. Therefore, another 15 sessions, for a total of 27 sessions, is reasonable and medically necessary at this time.

Conclusion/Decision to Certify:

Another 15 sessions of the current multidisciplinary chronic pain management program are medically necessary.

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

The usual selection criteria for entry or continuation of an intensive multidisciplinary 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.

Wasner, et al. (2003). Complex regional pain syndrome--diagnostic, mechanisms, CNS involvement and therapy. Spinal Cord 41:61-75.

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.

Guzman, et al. (2001). Multidisciplinary rehabilitation for chronic low back pain: systematic review. Bmj 322:1511-6.

Kemler, et al. (2000). Spinal cord stimulation in patients with chronic reflex sympathetic dystrophy. N Engl J Med 343:618-24.

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.

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 and Respondent