



Specialty Independent Review Organization, Inc.

March 17, 2005

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

Patient:  
TWCC #:  
MDR Tracking #: M2-05-0896-01  
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 67-year-old man with a history of a slip and fall injury resulting in low back pain. He has had plain x-rays of the lumbar spine as well as an MRI. He has also had a course of physical therapy, massage therapy, heat therapy and surgery in October 2001.

#### Records Reviewed:

UniMed Direct, LLC review determinations, multiple

Records from Carrier: McAllen Neurosurgical Center, Dr. Tijerina notes; MRI of the lumbar spine; x-rays of the lumbar spine report; Valley Total Healthcare Systems Evaluation; Medical records reviewed - Dr. Leong x 20; ortho sports-nerve conduction study, EMG;

history and neurosurgical evaluation by Dr. Mireles; McAllen Neurosurgical Center notes; CRS Technologies Patient Equipment Agreement/supply sheets; Physical therapy notes; Texas Worker's Compensation Work status reports; Robert Bishop, D.C. notes; Silver cross case management services; Wipf notes

Records from Doctor/Facility: Valley Total Healthcare systems; Advanced Medical Imaging - MRI; McAllen Neurosurgical Center - Dr. Tijerina notes; Orthopedic Surgery Center - second surgical opinion; Texas Worker's Compensation Work status report; Operative report - 10-04-01; Ortho Sports-Nerve Conduction Study, EMG; Valley Total Healthcare Systems evaluation and request for reconsideration.

### REQUESTED SERVICE

The item in dispute is the prospective medical necessity of chronic behavioral pain management time ten sessions.

### DECISION

The reviewer disagrees with the previous adverse determination.

### BASIS FOR THE DECISION

The reviewer states that 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.

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 and 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.

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 17<sup>th</sup> day of March 2005**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative: Wendy Perelli**