

March 23, 2005

TEXAS WORKERS COMP COMMISSION  
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-0897-01

CLIENT TRACKING NUMBER: M2-05-0897-01-5278

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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.

FROM THE STATE:

Notification of IRO Assignment dated 2/17/05 1 page

Texas Workers Compensation Commission Review request dated 2/17/05 1 page

Medical Dispute Resolution Request/Response 1 page

List of provider's 1 page

Table of disputed services 1 page

Letter to \_\_\_ from Texas Council Risk Management Fund dated 1/10/05 1 page

Request for Reconsideration from Advantage Healthcare Systems dated 12/23/04 3 pages

Letter to \_\_\_ from Texas Council Risk Management Fund dated 12/15/04 1 page

Request for additional services from Advantage Healthcare Systems dated 12/9/04 1 page

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FROM JERRI JOHNSON DC:

HCFA Claim Form for 3/4/05 1 page  
Dictionary of Occupational Titles 6 pages  
Dallas Pain Questionnaire dated 6/30/04 1 page  
Neck Disability Index dated 6/30/04 1 page  
Oswestry Low Back Pain Disability Questionnaire dated 6/30/04 1 page  
Resumption of Activities of Daily Living Scale dated 6/30/04 1 page  
Alderson–McGall Hand Function Questionnaire dated 6/30/04 2 pages  
Carpal Tunnel Questionnaire dated 6/30/04 2 pages  
Functional Abilities Confidence Scale dated 6/30/04 1 page  
Functional Rating Index dated 6/30/04 1 page  
Patient–Rated Forearm Evaluation dated 6/30/04 1 page  
AMA Cervical Spine ROM Progress report dated 6/30/04 3 pages  
AMA Thoracic Spine ROM Progress report dated 6/30/04 2 pages  
AMA Lumbar Spine ROM Progress report dated 6/30/04 1 page  
Workers Compensation Pre–Authorization request dated 3/17/04 2 pages  
Grip strength testing dated 3/19/04 1 page  
Prescription for Naprosyn dated 10/3/03 1 page  
MRI Scan – right hip report dated 9/17/03 1 page  
MRI Scan – Lumbar spine report dated 9/17/03 2 pages  
MRI Scan – right wrist report dated 9/17/03 2 pages  
Map of Dallas Texas dated 11/21/03 1 page  
Nerve Conduction Study dated 8/29/03 7 pages  
Metroplex Orthopedics followup notes dated 3/10/04 2 pages  
Metroplex Orthopedics consultation notes dated 6/22/04 3 pages  
Case History from Dr. Sanford Davis MD, and Dr. David B. Ross MD dated 11/15/04 4 pages  
Metroplex Orthopedics Recheck notes dated 3/15/04 2 pages  
Metroplex Orthopedics Followup notes dated 3/10/04 2 pages  
Electromyography and Nerve Conduction report dated 2/24/04 3 pages  
Metroplex Orthopedics Followup visit notes dated 2/4/04 3 pages  
Metroplex Orthopedics Recheck notes dated 1/26/04 3 pages  
Metroplex Orthopedics New Patient Evaluation dated 12/10/03 2 pages  
Metroplex Orthopedics Recheck notes dated 12/17/03 2 pages  
Metroplex Orthopedics Recheck notes dated 1/13/04 1 page  
Metroplex Orthopedics Recheck notes dated 11/21/03 2 pages  
Metroplex Orthopedics Recheck notes dated 10/31/03 2 pages  
Metroplex Orthopedics Followup notes dated 10/17/03 2 pages  
Metroplex Orthopedics Recheck notes dated 10/8/03 3 pages  
Metroplex Orthopedics New Patient Consultation dated 10/3/03 5 pages  
RHD Memorial Medical Center Operative report 2 pages  
Prescriptions 4 pages  
RHD Memorial Medical Center Discharge Summary dated 1/7/04 1 page  
Metroplex Orthopedics Recheck notes dated 6/16/04 3 pages  
Metroplex Orthopedics Recheck notes dated 5/24/04 2 pages

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Metroplex Orthopedics Followup notes dated 5/19/04 3 pages  
Prescription dated 9/22/04 1 page  
MRI Scan – right hip report dated 9/17/03 1 page  
Metroplex Orthopedics Procedure note dated 5/6/04 2 pages  
Radiological Supervision and Interpretation report dated 5/6/04 2 pages  
Metroplex Orthopedics Recheck notes dated 4/26/04 2 pages  
Metroplex Orthopedics Recheck notes dated 4/21/04 3 pages  
Metroplex Orthopedics Procedure note dated 4/8/04 2 pages  
Radiological Supervision and Interpretation report dated 4/8/04 3 pages  
Metroplex Orthopedics Followup notes dated 8/11/04 1 page  
Metroplex Orthopedics Recheck notes dated 12/17/03 3 pages  
Exam notes dated 10/8/03 2 pages  
Prescription dated 10/17/03 1 page  
Metroplex Orthopedics Consultation notes dated 10/29/04 3 pages  
Metroplex Orthopedics Recheck notes dated 10/22/04 3 pages  
Behavioral Medical Consultants Questionnaire dated 9/5/03 2 pages  
Behavioral Medical Service report dated 9/29/03 1 page  
Letter to \_\_\_ from Texas Workers Compensation Commission dated 8/26/03 1 page  
Hospital Emergency Department Aftercare instructions dated 8/26/03 5 pages  
Letter from Healing Hands Chiropractic 2 pages  
Nerve Conduction Study dated 2/9/04 5 pages  
Metroplex Orthopedics Recheck notes dated 11/21/03 2 pages  
Dictionary of Occupational Titles 1 page  
Patient-Rated forearm evaluation dated 9/27/04 1 page  
Right hand strength examination progress report 2 pages  
Bilateral wrist hand held dynamometry progress report 1 page  
Static lift test progress report 3 pages  
Healing Hands Chiropractic test results dated 9/27/04 4 pages  
Dallas Pain Questionnaire dated 9/27/04 1 page  
Oswestry Low Back Pain Disability Questionnaire dated 9/27/04 1 page  
Alderson-McGall Hand function Questionnaire dated 9/27/04 2 pages  
Carpal Tunnel Questionnaire dated 9/27/04 2 pages  
Patient-Rated wrist evaluation dated 9/27/04 1 page  
Workers Compensation Intake Questionnaire dated 9/5/03 7 pages  
Behavioral Medical Service Report dated 9/19/03 2 pages  
Behavioral Medical Service Report dated 10/10/03 2 pages  
Behavioral Medical Service Report dated 12/1/03 2 pages  
Behavioral Medical Service report dated 11/21/03 2 pages  
Prescription dated 12/17/03 1 page  
Prescriptions dated 8/28/03 1 page  
Metroplex Orthopedics Recheck notes dated 11/8/03 1 page  
Metroplex Orthopedics Consultation notes dated 9/22/04 1 page  
Pre-Authorization request from Dr. Jerri Johnson DC dated 9/27/04 1 page  
Fax cover sheet dated 8/5/04 1 page

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Report of medical evaluation dated 8/3/04 1 page  
Letter from Dr. Jack Kern MD dated 8/3/04 6 pages

Metroplex Orthopedics new patient consultation dated 10/3/03 5 pages  
Metroplex Orthopedics Followup notes dated 10/17/03 2 pages  
Metroplex Orthopedics Recheck notes dated 10/31/03 2 pages  
Behavioral Medical service report dated 11/3/03 2 pages  
AMA Lumbar Spine ROM progress report dated 6/30/04 2 pages  
AMA Right upper extremity ROM progress report dated 6/30/04 2 pages  
Single Stage Bicycle Ergometer test progress report dated 6/30/04 1 page  
Single Stage Treadmill Walking test progress report dated 6/30/04 1 page  
Right hand strength exam progress report dated 6/30/04 4 pages  
Right wrist MRI Scan notes dated 9/17/03 1 page  
MRI Scan – Lumbar spine report dated 9/17/03 2 pages  
Copy of Check from Texas Council Risk Management fund dated 3/17/05 1 page

**Summary of Treatment/Case History:**

The patient suffered a work injury on \_\_\_ when she fell injuring her lower abdomen and anterior pelvic area, right wrist and lower back. Since that time, she has undergone physical medicine treatments including work hardening.

**Questions for Review:**

1. Please address prospective medical necessity of the proposed chronic behavioral pain management times ten sessions, regarding the above mentioned injured worker.

**Conclusion/Decision to Not Certify:**

1. Please address prospective medical necessity of the proposed chronic behavioral pain management times ten sessions, regarding the above mentioned injured worker.

In the preamble of the Texas Workers Compensation Commission's amendments to rule 134.600, the Commission states as follows: "Over-utilization of medical care can both endanger the health of injured workers and unnecessarily inflate system costs. Unnecessary and inappropriate health care does not benefit the injured employee or the workers' compensation system. Unnecessary treatment may place the injured worker at medical risk, cause loss of income, and may lead to a disability mindset. Unnecessary or inappropriate treatment can cause an acute or chronic condition to develop." In its report to the legislature, the Research and Oversight Council on Texas Workers' Compensation explained its higher costs compared to other health care delivery systems by stating, "Additional

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differences between Texas workers' compensation and Texas group health systems also widen the cost gap. These differences include...in the case of workers' compensation, the inclusion of costly and questionable medical services (e.g., work hardening/conditioning)."

In this case, the provider's previously attempted work hardening and the proposed chronic pain management program are just the type of questionable services of which the TWCC and the legislature spoke when expressing concern in regard to medically unnecessary treatments that may place the injured worker at medical risk, create disability mindset, and unnecessarily inflate system costs.

Current medical literature states,"...there is no strong evidence for the effectiveness of supervised training as compared to home exercises. There is also no strong evidence for the effectiveness of multidisciplinary rehabilitation as compared to usual care."

The literature further states"...that there appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities..."

And a systematic review of the literature for a multidisciplinary approach to chronic pain found only 2 controlled trials of approximately 100 patients with no difference found at 12-month and 24-month follow-up when multidisciplinary team approach was compared with traditional care. Based on those studies and absent any documentation that the chronic pain management program would be beneficial, it is medically unnecessary.

No treatment records were available for review during the time period immediately preceding the treatment in question. Therefore, it is unknown what kinds of therapies and/or treatments had been attempted, what was beneficial and what was not, and were the disputed treatments different or more of the same? Without medical treatment records that answer those questions, there is less than sufficient documentation to support the medical necessity of the proposed chronic pain management program.

More importantly, the previously attempted work hardening program had within it the self-help strategies, coping mechanisms, exercises and modalities that were inherent in and central to the chronic pain management program. In other words and for all practical purposes, much of the proposed program has already been attempted and failed. Therefore, since the patient is not likely to benefit in any meaningful way from repeating unsuccessful treatments, the chronic pain management program is medically unnecessary.

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**References Used in Support of Decision:**

1. 26 Tex. Reg 9874 (2001)
2. "Striking the Balance: An Analysis of the Cost and Quality of Medical Care in Texas Workers' Compensation System, " Research and Oversight Council on Workers' Compensation, Report of the 77<sup>th</sup> Legislature, page 6
3. Ostelo RW, de Vet HC, Waddell G, Kerchhoffs MR, Leffers P, van Tulder M, Rehabilitation following first-time lumbar disc surgery: a systematic review within the framework of the Cochrane collaboration. Spine. 2003 Feb 1;28(3):209-18.
4. Karjalainen K, Malmivaara A, van Tulder M, Roine R, Jauhiainen M, Hurri H, Koes B. Multidisciplinary biopsychosocial rehabilitation for neck and shoulder pain among working age adults. Cochrane Database Syst Rev. 2003;(2):CD02194.
5. Karjalainen K, et al. Multidisciplinary rehabilitation for fibromyalgia and musculoskeletal pain in working age adults. Cochrane Database of Systematic Reviews 2000;2

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This review was provided by a chiropractor who is licensed in Texas, certified by the National Board of Chiropractic Examiners, is a member of the American Chiropractic Association and has several years of licensing board experience. This reviewer has written numerous publications and given several presentations with their field of specialty. This reviewer has been in continuous active practice for over twenty-five years.

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) (continued)

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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: Advantage Healthcare Systems  
Tx Council Risk Mgt