

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

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## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-1153-01
Name of Patient:	
Name of URA/Payer:	American Economy Insurance Company
Name of Provider: (ER, Hospital, or Other Facility)	Advanced Wellness Institute
Name of Physician: (Treating or Requesting)	Louis Patino, DC

May 20, 2005

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

May 20, 2005  
Notice of Independent Review Determination  
Page 2

Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc:

Advanced Wellness Institute  
Louis Patino, DC  
Texas Workers Compensation Commission

#### CLINICAL HISTORY

Available documentation received and included for review consists of request for CPM from Advanced Wellness Institute with follow-up appeal and rationale letters, mental health evaluation (Advanced Wellness Institute) individual counseling sessions (Advanced Wellness Institute) office note from Louis Patino DC electrodiagnostic report Roger Blair, MD, EMG report Ruy Mireles, MD, MRI report lumbar, Farolan, MD X-ray reports, initial, surgical and follow-up reports, Reuben Pechero, MD.

\_\_\_\_, a 23-year-old female, injured her lower back, right shoulder and right ankle following a slip and fall incident, landing backwards while at work on \_\_\_\_\_. MRI revealed a large posterior disc herniation at L5/S1. She underwent some conservative care including chiropractic/physical therapy, pain management injections, and medications. Electrodiagnostics were indicative of L5 radiculopathy. She eventually proceeded to surgery on 6/20/04. Patient was then referred to Advanced Wellness Institute for mental health evaluation in November 2004. The patient was found to be positive for pain and depressive disorders, sleep disruption and family discord. GAF score was 55.

Individual counseling sessions were approved and the patient underwent six sessions, along with three sessions of medication management. Positive gains were noted in the sessions, including improved eye contact, communication, less tearfulness, improvement with logical and rational decision / problem-solving skills.

Patient continues with a pain range of 3-7/10.

#### REQUESTED SERVICE(S)

Medical necessity of chronic pain management program, X 30 sessions.

#### DECISION

Denied. There was no establishment of medical necessity for 30 visits of CPM services.

#### RATIONALE/BASIS FOR DECISION

The patient had undergone extensive care measures, including surgery. Unfortunately, there is little functional information available to suggest the necessity for such a comprehensive pain program. No functional and strength deficits are identified that preclude a return to work. The majority of the documentation supports psychological complaints, consisting of pain and depressive disorders. The only medication identified as being taken by the patient is Tylenol #3.

She has participated in six individual counseling sessions with some apparent improvement. It would appear that this would be a more logical approach to continue as opposed to a full, 30-day chronic pain management program.

A chronic pain program involves a multidisciplinary approach and is reserved typically for outliers of the normal patient population, i.e. poor responders to conventional treatment intervention, with significant psychosocial issues and extensive absence from work<sup>(1,2)</sup>.

*Chronic pain or chronic pain behavior is defined as devastating and recalcitrant pain with major psychosocial consequences. It is self sustaining, self regenerating and self-reinforcing and is destructive in its own right as opposed to simply being a symptom of an underlying somatic injury. Chronic pain patients display marked pain perception and maladaptive pain behavior with deterioration of coping mechanisms and resultant functional capacity limitations. The patients frequently demonstrate medical, social and economic consequences such as despair, social alienation, job loss, isolation and suicidal thoughts. Treatment history is generally characterized by excessive use of medications, prolonged use of passive therapy modalities and unwise surgical interventions. There is usually inappropriate rationalization, attention seeking and financial gain appreciation<sup>(2)</sup>.*

The documentation reviewed does not support the position that the patient fulfills the above criteria for admission.

The above analysis is based solely upon the medical records/tests submitted. It is assumed that the material provided is correct and complete in nature. If more information becomes available at a later date, an additional report may be requested. Such and may or may not change the opinions rendered in this evaluation.

Opinions are based upon a reasonable degree of medical/chiropractic probability and are totally independent of the requesting client.

**References:**

1/ CARF Manual for Accrediting Work Hardening Programs

2/ AMA Guides to the Evaluation of Physical Impairment, 4<sup>th</sup> Edition

## 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.

**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 **10** (ten) calendar days of your receipt of this decision (20 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 **20** (twenty) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk  
Texas Workers' Compensation Commission  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), 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 this 20<sup>th</sup> day of May, 2005.

Signature of IRO Employee: \_\_\_\_\_

Printed Name of IRO Employee: Cindy Mitchell