MEDICAL REVIEW OF TEXAS

[IRO #5259]
3402 Vanshire Drive Austin, Texas 78738
Phone: 512-402-1400 FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-1161-01
Name of Patient:	
Name of URA/Payer:	TASB
Name of Provider: (ER, Hospital, or Other Facility)	Advanced Wellness Institute
Name of Physician: (Treating or Requesting)	David Magnan, DC

May 10, 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.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Advanced Wellness Institute
David Magnan, DC
Texas Workers Compensation Commission

CLINICAL HISTORY

Available documentation received and included for review consists of records from multiple providers including: David Magnan, DC, Marc McDaniel, DC, Robert Earle, MD, R. Chandrasekharan, MD. MRI report L.M Farolan, MD.

Ms. ___, a 56-year-old female sustained a work-related injury on ___ while working as a custodian for Harlingen ISD. While repetitively buffing wax floors, she developed a progressive onset of midback and shoulder pain. There is also indication that she attempted to stand up from a flexed position and developed immediate back pain. She saw a number of different providers and was treated with medication and physical therapy with only temporary relief. She underwent a bone scan on 11/29/02 which showed some increase uptake in the lower ribs on the left, suggestive of trauma. MRI on 12/11/02 revealed subligamentous central posterior disc herniation (3 mm) at T8/T9 and a posterior bulging of the disc at T10/T11 level. She continued with a variety of difference providers including, chiropractic care, physical therapy, work conditioning/hardening. She had epidural steroid injections and an intercostal nerve block performed on 1/12/04 without any relief. Diagnostic impression was a thoracic disc herniation at T8/T9 with radiculopathy.

She was placed at MMI on 8/27/04 by a designated doctor (Dilger, MD) with a 13% whole person impairment comprised off thoracolumbar DRE. category II with range of motion loss contribution from both shoulders.

She was referred for and approved for a pain management program, however changed treating physicians. The patient was then referred to Advanced Wellness Institute for a Behavioral Assessment which identified chronic pain and depressive disorders with a BDI score of 35

and BAI score of 29. She underwent some individual counseling services instead with improvement in BDI score to 30 and BAI score to 22. She was again referred for a pain management program. This is contested.

REQUESTED SERVICE(S)
20 days of chronic pain management program.

DECISION
Approved.

RATIONALE/BASIS FOR DECISION
A chronic pain management 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 [1,2].

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 patient's 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[2]. These behaviors have been identified in this patient.

It appears that the patient is at a stationary clinical platform with residuals, having failed multiple interventions. The patient has tried numerous forms of intervention including psychological counseling. CPM services were previously approved, however not undertaken due to change in treating doctor status. The documentation does demonstrate that the patient continues with a high pain level, with continued clinical evidence of muscle tenderness, hypertonicity of the thoracic and shoulder areas.

As such, the request satisfies the standard of medical necessity in

Workers Comp, according to the Texas labor code 408.021 (entitlement to medical benefits):
'an employee who sustained a compensable injury is entitled to all healthcare reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to healthcare that: (1) cures or relieves the effects naturally resulting from the compensable injury; (2) promotes recovery; or (3) enhances the ability of the employee to return to or retain employment.'

The results of the psychological assessments and trial of individual psychotherapy, tend to indicate that her current clinical picture would be best addressed in a behavioral chronic pain program.

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.

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 12th day of May 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell