May 11, 2005

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

Patient:
TWCC #:
MDR Tracking #: M2-05-1448-01
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 with a specialty in Pain Management and Anesthesia. 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 38-year-old man injured his right foot while working as a stocker. He has had plain films and a Bone and CAT scan of his foot. He has undergone physical therapy, massage therapy, exercise therapy and a surgery on his toe (2004).

Records Reviewed:

Records from Carrier: Claims Management, Inc. notes; UniMed Direct, LLC; Correct Care Clinic notes, physical therapy evaluation; TWCC work status reports; Pain Management Consultants-notes; CT scan report; Bone scan; Foot and Ankle Center of North Houston-notes; Bay Area Orthopedic, Spine and Sports-RME, PWPE; Surgical Pathology report; Northwest Surgery Center-history and physical, operative report; Functional Capacity evaluation-focus; Positive Pain Management-physical performance evaluation, psychological evaluation.

Records from Doctor/Facility: Positive Pain Management-physical performance evaluation, psychological evaluation; Report, individual treatment plan and letter; CT scan report; Bone scan; Correct Care clinic notes.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a chronic pain management program X 30 days.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

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 that chronic non-malignant pain syndrome patients be accepted for treatment if there is a reasonable chance of showing significant improvement in at least three of the first seven program goals (i.e., increased productivity, reduced medication misuse, reduced subjective pain intensity, etc.)".

These include:

- Reduce the misuse, overuse, or dependency on medications (defined here as continuous use of therapeutic levels of opioids or sedative/hypnotics, or any other medications for pain or related symptoms, above the recommended daily doses or duration, and physical or psychological dependency), and reduce the use of invasive medical procedures.
- Maximize and maintain optimal physical activity and function.
- Return to productive activity at home, socially, and/or at work.
- Increase the patient's ability to self-manage pain and related problems.
- Reduce subjective pain intensity.
- Reduce/eliminate the use of ongoing health care services for primary pain complaint.
- Provide useful information to the patient and professional involved in the case to help resolve any medical/legal; issues and allow case settlement.

He meets the criteria for at least 3 of the goals.

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 11th day of May 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli