

April 28, 2005

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M2-05-1453-01
CLIENT TRACKING NUMBER: M2-05-1453-01/5278

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.

Records Received:

Records Received from the State:

Notification of IRO Assignment dated 4/20/05, 5 pages
Review Determinations 2/16/05 and 2/28/05, 2 pages total

Records Received from Dr. Reyes:

Letter from Dr. Sevilla, undated, 1 page
Employee's request to change treating doctors form dated 11/19/01, 1 page
Progress notes dated 4/19/99 through 7/19/99, 5 pages
Authorization for release of records dated 4/28/99, 1 page
Lab report dated 4/28/99, 1 page

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Employee's notice of injury or occupational disease and claim for compensation dated 5/7/99, 1 page
Initial medical report - Workers' Compensation Insurance forms dated 5/11/99 and 6/9/99, 2 pages total
CT of the lumbar spine reports dated 6/23/99, 2 pages total
Patient referral form dated 6/29/99, 1 patient
Neurological examinations dated 8/30/99 through 7/21/00, 14 pages total
MRI of the lumbar spine report dated 11/11/99, 2 pages
Employee's request to change treatment doctors form dated 4/18/00, 1 page
Orthopedic office visit report dated 1/4/00, 2 pages
Fax coversheet from Southeast Texas Neurosurgery Associates 5/4/00, 1 page
Request for service form dated 8/20/99, 1 page
Letter from Dr. Angel dated 6/2/00, 1 page
Impairment rating of Jerry W. Fitch dated 9/11/00, 6 pages
Reports of medical evaluations dated 9/14/00 and 6/13/01, 4 pages total
History and physical report dated 3/16/00, 2 pages
Operative report dated 4/4/00, 2 pages
Office visit reports dated 11/22/00 and 11/30/00, 2 pages total
Letter from Dr. Sacks, undated, 1 page
Letters from National Healthcare Resources, Inc dated 10/9/00 through 6/21/01, 7 pages total
Impairment rating of Jerry W. Fitch/report of medical evaluation dated 8/27/01, 2 pages
Impairment rating evaluation dated 8/27/01, 6 pages
Spine impairment summary dated 6/13/01, 1 page
Lumbar IVD or soft tissue lesi report dated 6/13/01, 1 page
Lumbosacral range of motion report dated 6/13/01, 1 page
Ration of motion testing report dated 6/13/01, 1 page
Neurosurgical evaluation report dated 7/11/01, 2 pages
Functional abilities evaluation dated 6/13/01, 2 pages
RS Medical rental/purchase agreement form dated 3/2/01, 1 page
RS Medical prescription form dated 3/2/01, 1 page
Medication followup form dated 10/3/03, 1 page
Texas Workers' Compensation work status report dated 5/28/03 through 6/23/04, 6 pages total
Followup office visit reports dated 8/14/02 through 4/28/04, 14 pages total
Orthopedic consult reports dated 8/28/03, 4 pages total
Letter from Dr. Barboer, undated, 2 pages
Letters from Concentra dated 9/9/02 and 9/16/03, 5 pages total
Employer's first report of injury or illness form dated 4/28/99, 1 page
Office reports dated 1/23/01 through 4/27/04, 9 pages total
Medical review dated 2/25/01, 3 pages
New patient report dated 5/23/01, 1 page
Progress notes dated 6/18/01 through 5/17/02, 8 pages total
Clinical progress notes dated 7/18/01 and 8/14/01, 3 pages
Radiologist reports dated 9/20/02 and 9/23/02, 5 pages
Patient/insurance company information form from Global Medical dated 4/20/04, 1 page
Preauthorization request form dated 4/15/01, 1 page
Followup office visit reports dated 12/3/03 through 11/10/04, 4 pages

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Employee's request to change treating doctors form dated 11/19/01, 1 page

Texas Workers' Compensation work status report dated 4/12/02 through 4/13/05, 16 pages total

Office report dated 4/12/02, 7 pages

Medications followup form dated 1/5/04, 1 page

Required medical evaluation report dated 2/24/04, 4 pages

Letter from National Healthcare Resource, Inc dated 3/9/01, 1 page

Followup office visit reports dated 3/3/04 through 2/16/05, 9 pages total

Letter from Shawna Lindsey, Utilization Review Nurse, dated 4/20/04, 1 page

Electrodiagnostic evaluation reports dated 4/26/04, 6 pages total

Office reports dated 4/27/04 and 8/18/04, 2 pages total

Psychological evaluation report dated 1/26/05, 9 pages

Physical performance test dated 1/26/05, 14 pages

Summary of Treatment/Case History:

The claimant is a 54 year old gentleman who allegedly suffered a workplace injury on _____. Subsequently he developed low back and left leg pain. An MRI of the lumbar spine revealed a left-sided L4-5 disc herniation. After approximately one year of conservative treatment, he underwent an L4-5 laminectomy and partial discectomy. Although there were a few months of diminution of his pain following the operation, it has worsened afterward, despite intensive conservative treatment. He has become depressed and apparently has become passive regarding life. His pain has completely pre-empted any vocational or recreational efforts.

Questions for Review:

Please address prospective medical necessity for the proposed approval for 30 days chronic pain management program regarding the above-mentioned injured worker.

Explanation of Findings:

The claimant appears to satisfy the usual criteria for entry into an intensive outpatient pain management program using a psychological/rehabilitation model. He has undergone extensive conservative and invasive treatment for his pain, including an L4-5 lumbar laminectomy, which failed to produce resolution of his symptoms. His pain has been partly controlled with moderate dose chronic opioid therapy; however, this control has not been sufficient to allow him any significant activity. He has suffered from depression as a result of his pain and lifestyle changes due to the pain. He has undergone a psychological evaluation and recommendation of the requested pain management program.

Conclusion/Partial Decision to Certify:

An initial 15 sessions of the requested pain management program is medically necessary, with concurrent review of progress before the final 15 sessions are approved.

Applicable Clinical or Scientific Criteria or Guidelines Applied in Arriving at Decision:

The usual selection criteria for an intensive outpatient multidisciplinary pain management program are:

1. Referral for entry has been made by the primary care physician/attending physician; and
2. Patient has experienced chronic non-malignant pain (not cancer pain) for 6 months or more; and

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3. The cause of the patient's pain is unknown or attributable to a physical cause, i.e., not purely psychogenic in origin; and
4. Patient has failed conventional methods of treatment; and
5. The patient has undergone a mental health evaluation, and any primary psychiatric conditions have been treated, where indicated; and
6. Patient's work or lifestyle has been significantly impaired due to chronic pain; and
7. If a surgical procedure or acute medical treatment is indicated, it has been performed prior to entry into the pain program.

References Used in Support of Decision:

Patrick, et al. (2004). Long-term outcomes in multidisciplinary treatment of chronic low back pain: results of a 13-year follow-up. *Spine* 29:850-5.

Haldorsen, et al. (2002). Is there a right treatment for a particular patient group? Comparison of ordinary treatment, light multidisciplinary treatment, and extensive multidisciplinary treatment for long-term sick-listed employees with musculoskeletal pain. *Pain* 95:49-63.

Guzman, et al. (2002). Multidisciplinary bio-psycho-social rehabilitation for chronic low back pain. *Cochrane Database Syst Rev* CD000963.

Turk (2001). Combining somatic and psychosocial treatment for chronic pain patients: perhaps 1 + 1 does = 3. *Clin J Pain* 17:281-3.

The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the national board of medical examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

MRloA 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.

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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) 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 MRloA 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 MRloA 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 MRloA 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 MRloA 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: Requestor and Respondent