

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-1577-01
Name of Patient:	
Name of URA/Payer:	Texas Mutual Insurance Company
Name of Provider: (ER, Hospital, or Other Facility)	South Coast Spine and Rehab
Name of Physician: (Treating or Requesting)	Robert S. Howell, DC

May 27, 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: South Coast Spine and Rehab
Robert S. Howell, DC
Texas Workers Compensation Commission

CLINICAL HISTORY

Available documentation received and included for review consists of request for CPM from Dr. Howell (South Coast Spine & Rehab Center) with follow-up appeal and rationale letters, including Initial evaluation and behavioral health evaluation (South Coast Spine & Rehab Center). Previous CPM notes from Stonebridge Alliance; reports and notes from previous treating doctor Sandra Garcia, DC; Pain management reports Donald Kramer, MD and Karen Dickerson, MD; Lumbar spine MRI report; FCE.

Mr. ____, a 28-year-old male, injured his lower back while doing some digging in a ditch, as well as lifting some pipes. He developed a progressive onset of lower back pain, sought care with a medical doctor and then transferred to a chiropractor, Dr. Sandra Garcia. He underwent fairly extensive conservative care (chiro and PT) measures, progressing to pain management interventions, including epidural steroid and facet joint injections. MRI findings revealed 4.5-5 .5 mm poster lateral disc herniation at L5/S1, with spondylosis and disk disease combining to cause moderate left lateral spinal stenosis and slight to moderate right inferior neural frontal stenosis. At L4/L5 there was a broad-based subligamentous posterior disc herniation measuring 4-5 mm, also creating moderate lateral spinal stenosis and slight central spinal stenosis. Electrodiagnostic studies revealed mild right L5 radiculopathy. He underwent some work hardening, individual psychotherapy and also a pain management program in October 2004.

He is now under the care of Dr. Howell who has requested a further CPM program.

REQUESTED SERVICE(S)

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

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

The patient had undergone extensive care measures, including previous participation in individual counseling sessions and a chronic pain management program.

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. ACOEM guidelines⁽³⁾ suggest focus should be on functional improvement rather than on abolishing pain. The treatment goals for this patient are not individualized, functional, objective or measurable. The patient is not taking any pain medication.

The majority of the documentation supports psychological complaints, consisting of continuing pain and depressive disorders.

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^(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 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⁽²⁾.

The documentation reviewed does not support that the patient fulfills the above criteria for admission. It is unclear what is expected from this program above and beyond what has previously been attempted, and such a program is unlikely to be of benefit to the patient.

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, 4th Edition
- 3/. ACOEM Guidelines Ch. 6 pg 107 & 109

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 1st day of June 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell