

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:	M2-05-1642-01
Name of Patient:	
Name of URA/Payer:	American Casualty Company
Name of Provider: (ER, Hospital, or Other Facility)	Buena Vista Workskills
Name of Physician: (Treating or Requesting)	Rita Sealy, DC

July 15, 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: Buena Vista Workskills
Rita Sealy, DC
Texas Workers Compensation Commission

CLINICAL HISTORY

Available information suggests that this patient reports an injury to his low back and shoulder occurring during course of employment on _____. He underwent surgery for a torn glenoid labrum and torn rotator cuff with an orthopedist, Dr. Kevin Downing on 07/18/02. He has completed post operative rehabilitation, return to work program, individualized psychotherapy and 20 sessions of a chronic pain management program. Subjective pain level improvement and functional gains have been documented. He appears to no longer require narcotic pain medication. On 10/02/04 the patient was evaluated by a Dr. David Henges and found at MMI with 4% WP residual impairment. No evidence of attempted return to work (at any level) appears to have been submitted. There are also operative reports from 09/03/03 and 09/05/03 suggesting that the patient underwent surgery with a Dr. John Thalgott for cervical myelopathy, status post anterior fusion/decompression C4/5 with instrumentation, C3-6 with grossly osteoporotic bone and inadequate fixation anteriorly. Relationship of these conditions and procedures to work related injury of 04/10/02 is not determined. No mention of this medical history is submitted in reports submitted from treating chiropractor, Dr. Rita Sealy-Wirt or behavioral medicine consultations performed at the time of initial chronic pain management and subsequent evaluations.

REQUESTED SERVICE(S)

Determine medical necessity for proposed chronic pain management program x10 sessions.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Available documentation **does not support medical necessity** for continuing chronic behavioral pain management program, of this nature, beyond 20 sessions duration without initial trial of some level of return to work activity. The concurrent condition of cervical myelopathy, including causation, does not appear to be adequately addressed in chiropractic, medical and behavioral medicine reporting.

This would appear to be a significant factor in issues of chronic pain management and residual impairment.

- National Guideline Clearinghouse *Clinical practice for chronic non-malignant pain syndrome patients II*, J Back Musculoskeletal Rehabilitation 1999, Jan 1 13:47-58.
- Aronoff GM, McAlary PW, Witkower A, et al. Pain treatment programs: Do they return workers to the workplace? Occup Med. 1988;3(1):123-136.
- Karjalainen K, Malmivaara A, van Tulder M, et al. Multidisciplinary biopsychosocial rehabilitation for neck and shoulder pain among working age adults. Cochrane Database Syst Rev. 2001;(3):CD002194.
- Vines SW, Cox A, Nicoll L, et al. Effects of a multimodal pain rehabilitation program: A pilot study. Rehabil Nurs. 1996;21(1):25-30, 40.
- Reinking J, Tempkin A, Tempkin T. Rehabilitation management of chronic pain syndromes. Nurse Pract Forum. 1995;6(3):139-144.
- Burns JW, Sherman ML, Devine J, et al. Association between workers' compensation and outcome following multidisciplinary treatment for chronic pain: Roles of mediators and moderators. Clin J Pain. 1995;11(2):94-102.
- Jensen MP, Turner JA, Romano JM. Correlates of improvement in multidisciplinary treatment of chronic pain. J Consult Clin Psychol. 1994;62(1):172-179.
- Flor H, Fydrich T, Turk DC. Efficacy of multidisciplinary pain treatment centers: A meta-analytic review. Pain. 1992;49(2):221-230.
- Csordas TJ, Clark JA. Ends of the line: Diversity among chronic pain centers. Soc Sci Med. 1992;34(4):383-393.
- Deardorff WW, Rubin HS, Scott DW. Comprehensive multidisciplinary treatment of chronic pain: A follow-up study of treated and non-treated groups. Pain. 1991;45(1):35-43.
- Rowlingson JC, Hamill RJ. Organization of a multidisciplinary pain center. Mount Sinai J Med. 1991;58(3):267-272.

□ Rosomoff RS. Inpatient and outpatient chronic pain programs can be successful in returning patients to gainful employment. Clin J Pain. 1990;6(1):80-83.

□ Peters JL, Large RG. A randomized control trial evaluating in- and outpatient pain management programmes. Pain. 1990;41(3):283-293.

□ International Association for the Study of Pain. Task Force on Guidelines for Desirable Characteristics for Pain Treatment Facilities, 1990.

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials.

No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned individual. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.

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 18th day of July, 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell