June 27, 2005

Re:	**MDR #:**	M2-05-1793-01	**Injured Employee:**
	TWCC#:		**DOI:**
	IRO Cert. #:	5055	**SS#:**

TRANSMITTED VIA FAX TO:
Texas Workers' Compensation Commission
Attention:
Medical Dispute Resolution
Fax: (512) 804-4868

REQUESTOR:
Phil Bohart/Texas Health
Attention: James Odom
(214) 692-6670

RESPONDENT:
Texas Builders Insurance
Attention: John Fowler
(512) 288-3005

TREATING DOCTOR:
David Liang, DC
214) 553-5005

Dear Ms. ___:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is licensed in chiropractic and is currently listed on the TWCC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this 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 received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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 Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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.

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 June 27, 2005.

Sincerely,

Gilbert Prud'homme
Vice President/General Counsel

GP/th

REVIEWER'S REPORT
M2-05-1793-01

Information Provided for Review:
TWCC-60, Table of Disputed Services, EOB's
From Requestor:
- Letter of medical necessity
- Office notes 07/28/04 – 01/28/05
- Psychotherapy notes 01/11/05 – 02/03/05
- Physical therapy notes 07/28/04 – 11/11/04
- FCE 01/28/05

From Respondent:
- Correspondence

From Pain Management Specialist:
- Office note 01/26/05

Clinical History:
This female patient underwent examinations, physical medicine treatments, psychological sessions and psychological evaluations after sustaining injury at work on ___.

Disputed Services:
Chronic pain management program – 10 days, outpatient.

Decision:
The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the pain management program in dispute is not medically necessary in this case.

Rationale:
The requestor incorrectly utilized the "National Guideline Clearinghouse" as a source for why the proposed chronic pain management program is medically necessary. Current medical literature actually states, "There is also no strong evidence for the effectiveness of multidisciplinary rehabilitation as compared to usual care." [1] The current medical literature further states "…that there appears to be little scientific evidence for the effectiveness of multidisciplinary bio-psychosocial rehabilitation compared with other rehabilitation facilities..." [2] And a systematic review of the literature for a multidisciplinary approach to chronic pain found only 2 controlled trials of approximately 100 patients with no difference found at 12-month and 24-month follow-up when multidisciplinary team approach was compared with traditional care.[3] Based on those studies, there is no support for the medical necessity of the proposed chronic pain management program in this case.

More importantly, the previously attempted physical medicine treatments and psychotherapy sessions had within them the self-help strategies, coping mechanisms and modalities that are inherent in and central to the proposed chronic pain management program. In other words and for all practical purposes, much of the proposed program has already been attempted and failed. Therefore, since the patient is not likely to benefit in any meaningful way from repeating unsuccessful treatments, the proposed program is medically unnecessary.

---

[1] Ostelo RW, de Vet HC, Waddell G, Kerchhoffs MR, Leffers P, van Tulder M, Rehabilitation following first-time lumbar disc surgery: a systematic review within the framework of the cochrane collaboration. Spine. 2003 Feb 1;28(3):209-18.
[2] Karjalainen K, Malmivaara A, van Tulder M, Roine R, Jauhiainen M, Hurri H, Koes B. Multidisciplinary biopsychosocial rehabilitation for neck and shoulder pain among working age adults. Cochrane Database Syst Rev. 2003;(2):CD002194.
[3] Karjalainen K, et al. Multidisciplinary rehabilitation for fibromyalgia and musculoskeletal pain in working age adults. Cochrane Database of Systematic Reviews 2000;2.