July 6, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-05-1819-01
CLIENT TRACKING NUMBER: M2-05-1819-01 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 06/02/05 – 1 page
- Texas Workers' Compensation Commission Form, dated 06/02/05 – 4 pages
- Letter from The Hartford, dated 03/14/05 – 2 pages
- Reconsideration: Chronic Pain Management Program Preauthorization Request from Texas Health, dated 03/28/05 – 1 page
- Request for Initial 10-day Trial Chronic Pain Management Program, dated 03/28/05 – 6 pages
- Requestor's Position on Pre-Authorization, dated 05/03/05 – 9 pages

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- Chronic Pain Management Program Pre-Authorization Request, dated 03/08/05 – 1 page
- Letter from The Hartford, dated 04/05/05 – 2 pages

Records Received from Texas Health:

- Texas Worker's Compensation Commission Form, dated 05/23/05 – 4 pages
- New Patient Visit, dated 09/16/04 – 3 pages
- Needle Electrode Study, undated – 2 pages
- Lower Extremity EMG/NCV Report, dated 09/16/04 – 1 page
- MRI Scan of Lumbar Spine, dated 10/16/04 – 2 pages
- Behavioral Medicine Evaluation, dated 11/23/04 – 8 pages
- Letter from Charles Xeller, MD, dated 01/05/04 – 5 pages
- Occupational Therapy Evaluation and Treatment Plan Update, dated 03/02/05 – 8 pages
- Functional Abilities Evaluation, dated 01/04/05-03/02/05 – 7 pages
- Chronic Pain Management Interdisciplinary Plan and Goals of Treatment, dated 03/02/05 – 7 pages
- Request for Initial 10-Day Trial Chronic Pain Management Program, dated 03/08/05 – 7 pages
- Needle Electrode Study, undated – 3 pages
- Case Conference Note, dated 03/14/05 – 2 pages
- CPMP Day Treatment Design, undated – 1 page
- Chronic Pain Management Program Design, undated – 2 pages
- Chart Notes, dated 08/02/04-08/23/04 – 7 pages
- Examination Notes, dated 08/12/04 – 1 page
- Chart Notes, dated 08/03/04 – 2 pages
- History/Exam Form, dated 08/02/04 – 1 page
- Patient Special Instructions Activities of Daily Living, undated – 2 pages
- Patient Disability/Release Slip, dated 08/02/04 – 1 page
- Chart Notes, dated 08/11/04-09/07/04 – 9 pages
- Letter of Medical Necessity, dated 09/07/04 – 1 page
- Prescription, dated 09/07/04 – 1 page
- Chart Notes, dated 08/31/04 – 1 page
- Texas Workers' Compensation Work Status Report, date unreadable – 1 page
- Texas Workers' Compensation Work Status Report, dated 07/29/04 – 1 page
- Texas Workers' Compensation Work Status Report, dated 07/26/04 – 1 page
- Texas Workers' Compensation Work Status Report, dated 08/02/04 – 1 page
- Patient Face Sheet, dated 01/11/05 – 1 page
- Initial Consultation Report, dated 03/02/05 – 3 pages
- Letter of Medical Necessity, dated 03/08/05 – 1 page
- Patient Information, dated 03/08/05 – 1 page

Records Received from Hartford Insurance:

- Letter from The Hartford, dated 04/05/05 – 2 pages
- Chart Note, dated 05/17/05 – 1 page
- Office Notes, dated 05/02/05 – 1 page
- Anesthesia Record, dated 05/02/05 – 1 page
- Letter of Medical Necessity, dated 05/09/05 and 05/11/05 – 2 pages

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- Chart Notes, dated 02/03/05 - 1 page
- Texas Workers' Compensation Work Status Report, dated 02/02/05 - 1 page
- Exercise Log, dated 01/17/04-02/02/05 - 1 page
- Letter from Charles Xeller, MD, dated 01/21/05 - 2 pages
- Lumbar Spine Radiograph, dated 12/28/04 - 1 page
- Pre-Authorization Request, dated 02/02/05 - 1 page
- Functional Abilities Evaluation, dated 01/04/05 - 2 pages
- Texas Workers' Compensation Work Status Report, dated 08/02/04 - 2 pages
- Exam Notes, dated 07/29/04 - 2 pages
- New Patient Visit, dated 09/16/04 - 3 pages
- Texas Workers' Compensation Work Status Report, undated - 1 page
- Texas Workers' Compensation Work Status Report, dated 08/31/04 - 1 page
- Texas Workers' Compensation Work Status Report, dated 08/30/04 - 1 page
- Needle Electrode Study, undated - 1 page
- Lower Extremity EMG/NCV Report, dated 09/16/04 - 2 pages
- Lower Extremity EMG/NCV Report, dated 09/16/04 - 1 page
- Texas Workers' Compensation Work Status Report, dated 08/02/04 - 1 page
- Exam Notes, dated 08/02/04 - 2 pages
- Texas Workers' Compensation Work Status Report, dated 08/02/04 - 1 page
- Exam Notes, dated 08/02/04 - 2 pages
- Texas Workers' Compensation Work Status Report, dated 07/29/04 - 1 page
- Letter from Dr. Shirzadi, dated 12/01/04 - 3 pages
- Comprehensive Medical Analysis, dated 12/08/04 - 1 page
- Fax Cover Sheet, dated 01/28/05 - 1 page
- Behavioral Health Treatment Preauthorization Request, dated 01/28/05 - 1 page
- Letter from The Hartford, dated 01/13/05 - 2 pages
- Letter from The Hartford, dated 01/18/05 - 2 pages
- Letter from The Hartford, dated 12/27/04 - 2 pages
- Summary of Documents Submitted for this Review, dated 12/08/04 - 1 page
- Austin and Associates Request for Service, dated 11/29/04 - 1 page
- Letter from Kathy McDowell to The Hartford, dated 11/23/04 - 1 page
- Letter from Dr. Nosnik, dated 11/15/04 - 2 pages
- MRI of Lumbar Spine Report, dated 10/16/04 - 2 pages
- HCFA 1500 Claim Form, dated 11/23/04 - 1 page
- New Patient Visit, dated 09/16/04 - 3 pages
- Letter from Dr. Shirzadi, dated 10/14/04 - 4 pages
- Chart Notes, dated 08/19/04-09/09/04 - 9 pages
- Lower Extremity EMG/NCV Report, dated 09/16/04 - 4 pages
- New Patient Visit, dated 09/16/04 - 3 pages
- Chart Notes, dated 09/09/04 - 2 pages
- Lower Extremity EMG/NCV Report, dated 09/16/04 - 1 page

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Summary of Treatment/Case History:

The patient is a 32-year-old male who injured his lower back in a work-related incident ___. The injury reportedly occurred while in the act of lifting a 50-lb. box. Symptoms include lower back pain with lower extremity radicular pain. EMG/NCS of the lumbar area and lower extremities performed on 9/16/04 showed abnormal EMG activity in the lumbar area. MRI of the lumbar spine without contrast 10/16/04 was impressive for as follows: Slight anteriorlisthesis of L5 to L4 and S1 of about 3 mm, broad-based left central bulge L4-5 abutting the left L5 nerve root, bilateral spondylolysis at L5, bilateral facet hypertrophy at L5-S1, diffuse annular disc bulge at L3-4, mild dessication at L4-5 intervertebral disc, and horizontal angulation of the sacrum which can contribute to mechanical back pain. Lumbar x-rays 12/28/04 revealed reversal of the lumbar lordosis (indicative of muscle spasm). He has undergone extensive physical therapy and modalities, manual manipulation, therapeutic injections, medication management with reportedly included NSAIDS, muscle relaxants, narcotic-like analgesics (Tramadol) none which provided significant relief of symptoms. Functional capacity evaluation 1/4/05 revealed PDL in the sedentary category (currently, medium PDL (required job PDL: Heavy). He has not been able return to work since the injury and is not a surgical candidate according to the documentation provided. The patient has been evaluated as having a pain disorder with psychological factors to the general medical condition. He has been referred to a chronic pain management program by his referring physician for initial 10 visits on a trial basis as stated in the documentation that all appropriate treatment has been exhausted. In addition, the patient was evaluated by Charles Willis, M.D. who recommended a chronic pain management program. The request was denied.

Questions for Review:

1. Is the prospective request of the proposed chronic pain management program (CPMP) X 10 days regarding the above injured worker medically necessary?

Explanation of Findings:

Question 1: Is the prospective request of the proposed chronic pain management program (CPMP) X 10 days regarding the above injured worker medically necessary?

Yes. Based on the documentation provided, the record indicates the patient has been diagnosed as having a pain disorder with psychological factors to the general medical condition (work-related lower back injury) where multiple evidence-based literature studies and Guidelines states that this type of patient would be a suitable candidate for a CPMP. Evidenced-based literature also suggests that CPMP is effective as well as cost-effective in treating the major health problem of chronic pain (Robbins H-Aneth Analg-01-Jul-2003). Despite arguments and rationales from several sources concerning this case, that fact remains; all else being equal, that there is a documented injury to the lumbar spine via MRI, EMG/NCS, and lumbar x-rays that clinically correlate with this patients subjective and objective findings (see Treatment Summary/Case History). The treating provider has stated that he has exhausted all appropriate treatment and recommended referral to a CPMP. At least one other medical professional, Charles Willis, M.D. also recommended a CPMP for this patient. Therefore, it is a clear that

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the request for proposed CPMP X 10 days is medically appropriate and necessary. In addition, based on the patient's motivation, progress towards preset goals to deal with chronic pain physically as interpersonally in the initial 10 sessions, he may or may not require additional sessions.

Conclusion/Decision to Certify:

The decision to certify the prospective request of the proposed chronic pain management X 10 days regarding the above injured worker is medically necessary and appropriate utilization of services.

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

Evidenced-based literature; MRI of the lumbar spine; EMG/NCS of the lumbar area and lower extremities; X-ray of the lumbar spine; the medical documentation

References Used in Support of Decision:

1. Robbins H; Gatchel RJ; Noe C; Gajraj N; Polatin P; Deschner M; Vakharia A; Adams L. A Prospective One-Year Outcome Study of Interdisciplinary Chronic Pain Management: Compromising its Efficacy by Managed Care policies. Anesth Analg. 01 JUL, 2003; 97(1): 156-62.
2. Jensen MP. Toward the Development of a Motivational Model of Pain Self-Management. J Pain. 01 NOV, 2003; 499): 477-92.
3. Thompson AR. Chronic Pain Management in the Surgical Patient. Surg Clin North Am. 01 APR, 2005; 85(2): 209-24.

The physician providing this review is board certified in Physical Medicine & Rehabilitation. The reviewer holds additional certification in Pain Management. The reviewer is also a member of the Physiatric Association of Spine, Sports and Occupational Rehabilitation. The reviewer is active in research and publishing within their field of specialty. The reviewer currently directs a Rehabilitation clinic.

MRIoA 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 MRIoA 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 MRIoA 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 MRIoA 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 MRIoA 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