

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-1891-01
Name of Patient:	
Name of URA/Payer:	Twin City Fire Insurance
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Stephanie Jones, MD

July 6, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. 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: Cameron Jackson, DC
Stephanie Jones, MD
Texas Workers Compensation Commission

CLINICAL HISTORY

This is a 49-year-old lady who developed what was noted to be a repetitive motion injury. She had been seen by a number of providers and undergone a number of treatments. The pain complaints expanded beyond the measure of pathology. She has been referred for a chronic pain program.

REQUESTED SERVICE(S)

Chronic pain management program x30 sessions

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

As noted by Singh at the Medical College of Pennsylvania, treatment of CPS must be tailored for each individual patient. The treatment should be aimed at interruption of reinforcement of the pain behavior and modulation of the pain response. The goals of treatment must be realistic and should be focused on restoration of normal function (minimal disability), better quality of life, reduction of use of medication, and prevention of relapse of chronic symptoms. Based on the documentation presented, this is a rather boilerplate presentation of physical therapy in the morning and group psychotherapy in the afternoon.

Additionally, as noted in the recent literature, the efficacy of such programs is reached at 20 sessions and the extra 10 sessions do nothing to advance the clinical picture.

Additionally, as reported by Portagas, medical care for physical illness must be appropriate for diagnosed medical problems and requires judicious use of analgesics; neither of which were addressed by the requestor.

For reference, Steven Feinberg, MD writing in CECW feels that a multidisciplinary team best provides evaluation and treatment with leadership provided by a physician with expertise in chronic pain management.

An article entitled Influence of an outpatient multidisciplinary pain management program on the health-related quality of life and the physical fitness of chronic pain patients written by Bettina Joos in the *Journal of Negative Results in BioMedicine* 2004, 3:1 concludes Although many different studies have evaluated similar programs, only few of them have attained positive results such as improvements of general quality of life or of physical strength. Often no difference from the control group could be detected only some months after the intervention. In the present study no significant persistent improvement of well-being occurred. Possible reasons are either wrong instruments, wrong selection of patients or wrong interventions.

Lastly, speaking for the Minnesota Board of Medical practice;, Belgrade notes "Dogma seldom produces long-lasting change". All that is presented in the request appears to be the dogma associated with the clinic owners need for a multi-disciplinary pain program.

Therefore, when noting the above with the citations reported by the pre-authorization evaluators, there is no clear clinical indication, for a chronic pain program at this time.

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 7th day of July 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell