July 13, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-05-1911-01/5278
CLIENT TRACKING NUMBER: M2-05-1911-01/

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 from TWCC
Notification of IRO Assignment dated 6/21/05
Medical Dispute Resolution Request/Response dated 6/6/05
Table of disputed services undated
Provider listing page undated
Notice of utilization review findings dated 4/8/05 and 4/25/05

Records from Requestor
Prospective Review (M2) Information Request dated 6/21/05

(continued)

Texas Workers' Compensation Work Status Report dated 9/1/04
Initial Medical Report dated 4/1/04
Texas Workers' Compensation Work Status Report dated 9/14/04
Imaging report dated 4/19/04
Initial evaluation dated 4/28/04
Texas Workers' Compensation Work Status Report dated 5/5/04
Subsequent medical report dated 5/5/04
History and physical from Orthopedic Care Center dated 5/6/04
Imaging report dated 5/7/04
Texas Workers' Compensation Work Status Report dated 6/3/04
Subsequent medical report dated 6/3/04
Operative report dated 6/14/04
PT treatment plan dated 9/16/04
Texas Workers' Compensation Work Status Report dated 7/8/04
Subsequent medical report dated 7/8/04
Postoperative visit during global period dated 7/29/04
PT treatment plan dated 7/29/04
Post-surgical evaluation dated 8/3/04
Texas Workers' Compensation Work Status Report dated 8/10/04
Subsequent medical report dated 8/10/04
Analysis of injured employee's condition dated 9/10/04
Electrophysiological report dated 9/2/04
Texas Workers' Compensation Work Status Report dated 9/9/04
Subsequent medical report dated 9/9/04
History and physical from Orthopedic Care Center dated 9/16/04
TWCC-69 Report of Medical Evaluation dated 10/4/04
Report of Medical Evaluation from Churchill Evaluation Centers dated 9/17/04
Supplemental information on ___ ___
Review of medical history and physical exam dated 9/17/04
Physical examination dated 9/23/04
Texas Workers' Compensation Work Status Report dated 10/12/04
Physical Therapy Progress Note dated 10/15/04
Assessment/Physical examination from Shanti Pain & Wellness Clinic dated 10/22/04
History and physical from Orthopedic Care Center dated 10/28/04
Physical examination dated 11/4/04
Follow-up assessment from Shanti Pain & Wellness Clinic dated 11/5/04
Texas Workers' Compensation Work Status Report dated 11/9/04
Subsequent medical report dated 11/9/04
Operative report dated 11/12/04
History and physical from Orthopedic Care Center dated 11/17/04
Texas Workers' Compensation Work Status Report dated 12/9/04
Subsequent medical report dated 12/9/004
Follow-up assessment from Shanti Pain & Wellness Clinic dated 12/10/04

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Physical Therapy Progress Note dated 12/15/04
Operative report dated 12/16/04
Office note dated 1/6/05
Texas Workers' Compensation Work Status Report dated 1/6/05
Subsequent medical report dated 1/6/05
Texas Workers' Compensation Work Status Report dated 2/3/05
Subsequent medical report dated 2/3/05
TWCC-69 Report of Medical Evaluation dated 2/19/05
Report of Medical Evaluation from Churchill Evaluation Centers dated 2/3/05
Supplemental information on ___ ___
Review of medical history and physical exam dated 2/3/05
Physical examination dated 2/3/05
Mental Health Evaluation dated 2/7/05
TWCC-69 Report of Medical Evaluation dated undated
Report of Medical Evaluation from Churchill Evaluation Centers dated 5/19/05
Supplemental information on ___ ___
Review of medical history and physical exam dated 5/19/05
Impairment Rating report dated 5/19/05
Texas Workers' Compensation Work Status Report dated 3/7/05
Subsequent medical report dated 3/7/05
Texas Workers' Compensation Work Status Report dated 4/4/05
Subsequent medical report dated 4/4/05
Texas Workers' Compensation Work Status Report dated 5/3/05
Subsequent medical report dated 5/31/05

Records from Respondent
Letter from Pain & Recovery Clinic of North Houston dated 5/18/05
Texas Workers' Compensation Commission Medical Review Division, MS-48 Medical Dispute Resolution Findings and Decision dated 2/23/05
Notice of independent review decision from Texas Medical Foundation dated 2/16/05
Copy of check dated 3/14/05
Table of disputed services dated 4/1/04 to 6/11/04
Letter from Flahive, Ogden & Latson dated 6/17/05
Medical Dispute Resolution Request/Response dated 6/6/05
Table of disputed services undated
List of providers
Notice of Utilization Review Findings dated 4/8/05 and 4/25/05
Letter from Flahive, Ogden & Latson dated 6/28/05

Summary of Treatment/Case History:
This is a 61 year old male who presented to Dr. McMillan for ongoing treatment following his work injury of ___ and subsequent chronic pain of his shoulder, neck and back. He has had extensive

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diagnostics and treatment since his injury on ___ including nonsteroidal medicines, physical therapy, injections and surgery. At the most recent doctor visit on 3/7/05 the patient was reportedly participating in a pain management program, of which he had completed twenty visits with limited improvement in his symptoms. A request is made for an additional ten sessions of pain management with specific reference to his shoulder complaints.

Questions for Review:
1. Preauthorization denied for chronic pain management program for x10 sessions related to right shoulder?

Explanation of Findings:
This patient has had extensive diagnostic tests and treatment since his injury on ___. He has continued with chronic pain despite all treatments including most recently a standard chronic pain management course of twenty visits. This is the second appeal of a case that has been denied twice before. There is no medical information provided to substantiate the position that this patient might derive benefit from additional pain management sessions in excess of the twenty sessions recommended by common guidelines in pain management (see references below). He has had limited improvement during his course of chronic pain management therapy. In the absence of data to suggest the patient would be expected to derive benefit from this treatment, the denial should be upheld.

Conclusion/Decision to Not Certify:
1. Preauthorization denied for chronic pain management program for x10 sessions related to right shoulder?
Additional chronic pain management therapy visits are not medically necessary.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:
Clinical practice guidelines for chronic non-malignant pain syndrome patients, an evidence-based approach. J Beck, Musculoskeletal Rehab 1999 Jan 1; 13:47-56 (55 references)

References Used in Support of Decision:
Clinical practice guidelines for chronic non-malignant pain syndrome patients, an evidence-based approach. J Beck, Musculoskeletal Rehab 1999 Jan 1; 13:47-56 (55 references)

The physician providing this review is board certified in Family Practice Medicine. The reviewer is also certified by their state board of medical examiners. The reviewer is the Vice-President & Medical Director, Resource Management for a major medical plan administrator. The reviewer has served in faculty positions at the university level. The reviewer has given many presentations and has published within his field of expertise. The reviewer has been in practice since 1988.
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

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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.

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