



Specialty Independent Review Organization, Inc.

July 20, 20005

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M2-05-1948-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Medical Doctor with a specialty in Neurology. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

The records indicate that ___ was working in a school when she suffered an injury to her back, her shoulders, her knees, and her wrists, on the above captioned date. According to the records submitted, she slid on an apple peel in a hallway. There are no incident reports submitted from the date of her injury. She had a history of two prior back injuries, one in 1991 and one in 1995, but there are no reports submitted from those dates.

She was first seen by Dr. Ruben Pechero, and was diagnosed with a herniated nucleus pulposus and shoulder impingement syndrome. Dr. Pechero wrote a letter on May 15, 1999 addressed To Whom It May Concern indicating that she presented to him for complaints of pain to the lumbar spine with radiation to the left lower extremity due to an injury sustained a work related accident.

She also sustained injuries to the left shoulder. Examination revealed positive straight leg raise on the left side with decreased left L3 distribution sensation. An MRI revealed posterior central large trans-ligamentous disk extrusion at L2-3 with migration. An examination of the left shoulder revealed pain on external rotation, abduction, and flexion. MRI of the shoulder revealed findings consistent with an impingement syndrome. Dr. Pechero performed an injection of the shoulder with Marcaine, which relieved the pain for a short period of time. He wished to refer the patient to Dr. Panday, for possible acromioplasty and/or arthroscopy in the future. In reference to the lumbar spine, he recommended surgical intervention and requested a second opinion "according to the law". There were no further reports submitted from Dr. Pechero.

Subsequently, ___ saw a number of providers including Dr. Monzer Yazji. There are numerous Texas Workers Compensation Work Status Reports by Dr. Yazji submitted with dates of 06-13-00 through 05-11-05. There are also extensive office notes from Dr. Yazji submitted. They indicate the diagnoses of a herniated lumbar disk, back pain, left shoulder pain, right ankle pain, left hip pain, bilateral palm and hand pain. Dr. Yazji kept ___ out of work during the entire time she was under his care due to her symptoms. He also authored several progress reports, which were dated 02-23-99 through 05-11-05. These concern primarily her symptoms of left shoulder pain, low back pain, bilateral hand pain and bilateral hand paresthesias. On 07-20-99, there was an entry in Dr. Yazji concerning referral to pain management and that she would need a psychological evaluation first. On 12-23-99, Dr. Yazji mentioned a diagnosis of bilateral carpal syndrome. She had also been diagnosed with a herniated lumbar disk.

The notes from Dr. Yazji are very limited in scope and do not provide much in the way of significant interval findings except for tenderness to palpation, decreased range of motion, and muscle spasms in the back and lumbar area. She was treated with anti-inflammatory medications, physical therapy, Ultram. On May 13, 2001, Dr. Yazji gave her a total of a 29 percent whole person rating because of bilateral carpal tunnel syndrome, left shoulder impingement, and lumbar radiculopathy. On December 19, 2001, she was prescribed Vicoprofen. On September 20, 2002, he recommended water aerobics and whirlpool treatments. It does not appear that she had any significant improvement during the time she was under Dr. Yazji's care. On February 8, 2005, he mentioned problems of insomnia because of pain and anxiety. On April 13, 2005, he mentioned problems with sleep disturbance, restlessness, and hopelessness. ___ was seen by numerous other providers. She was seen for a plastic surgery consult by Dr. Ali Seif on February 3, 2000 for bilateral carpal tunnel release. Dr. Seif recommended sequential bilateral carpal tunnel release.

She was seen by Dr. S. Ali Mohammed on August 10, 1999 for pain management. Dr. Mohammed's impressions were:

1. Bilateral lumbar facet syndrome.
2. Bilateral sacroiliitis.
3. Lumbar radiculopathy.
4. Lumbar diskogenic pain.
5. Myofascial pain syndrome.
6. Cervicogenic headaches.

7. Cervicalgia.

8. Left shoulder internal derangement syndrome.

He recommended lumbar epidural steroid injections, continuing oral medications, use of a TENS unit, heating pad, and intermittent rehabilitation. The records indicate that the epidural steroid injections caused a reduction in her pain, but did not resolve all of her symptoms. He then recommended on September 21, 1999, lumbar facet injections from L3 to S1. He also suggested a TENS unit, Ultram, Robaxin, and Celebrex.

___ was seen by a neurosurgeon, Dr. Humberto Tijerina, on June 13, 2000. He diagnosed her with a herniated nucleus pulposus at L2-3, L4-5 bulging disk, and left L5 and S1 radiculopathies. He also recommended a new lumbar MRI. His examination showed positive straight leg raising with low back pain on the left at 80 degrees, decreased sensation in the L5-S1 distribution on the left and decreased motor function in the L5 distribution on the left.

___ was seen by another pain management specialist, Dr. Tim Chowdhury, on February 25, 2002. Dr. Chowdhury's diagnoses were "severe low back pain with left leg radicular symptoms at L4-5, dermatomal distribution and left knee pain with trigger points." He recommended left L3-4 transforaminal epidural steroid injections under fluoroscopy and trigger point injections over the left knee and Ketoprofen and Cyclobenzaprine cream p.r.n. He saw her again on July 10, 2002, and reported about a 50 percent improvement in her pain for 3 weeks after her trigger point injections, but then her pain returned. She also complained of pain in her low back, which was constant, sharp, and more pronounced to the left side with radiation to the lower extremity and ankle. The pain increased with walking, standing, sitting, and lying down. It decreased moderately with medications. Examination showed tenderness over L4-5 and L5-S1, positive straight leg raising on the left, and a positive left FABER's and Patrick sign. He also stated the patient has shown stress, anxiety, and depression associated with her pain. The impression was diskogenic low back pain with L4-5 posterior left paracentral disk herniation and chronic pain syndrome. He recommended behavioral evaluation per a chronic pain program.

___ was seen by another pain management specialist at Health Trust Chronic Pain Management on July 10, 2002, at the referral of Dr. Chowdhury. This was for the purpose of psychological evaluation. Symptoms included fear or re-injury or an increase in the level of pain, complaints of restlessness, muscle tension, and tiredness, sleeplessness, irritability and frustration, anxiety secondary to chronic pain syndrome. It was felt she was isolated from her family, friends, and social activities, and she was experiencing frustration. She has poor coping skills and difficulty managing her pain. The pain was causing disabilities from work, home, social life, family relationships, and impairment of daily living. It was recommended that she be referred for a chronic pain management program.

___ was seen by a neurosurgeon Dr. M. Beck, on July 15, 2002. Dr. Beck noticed on examination that she had positive straight leg raising on the left to about 10 degrees and bending forward at 10, 15 to 18 degrees. Dr. Beck noted on examination that she had decreased sensation on the left in the L2-3 distribution with an absent knee reflex. She also had positive straight leg

raising on the left at 10 degrees. MRI of the lumbar spine showed a large herniated disk at L2-3 with what appear to be a fragment and some pressure on the thecal canal. Dr. Beck felt that she needed surgery to remove the disk given her weakness and absent reflexes. She might also need instrumentation because of her weight.

An evaluation by Dr. Raoul Marquez, an orthopedist dated February 26, 2001 indicated a recommendation for excision of her lumbar disk. She was seen again in follow-up on April 23, 2001 and again Dr. Marquez recommended disk surgery. A third office visit on September 10, 2001 indicated she scheduled for a lumbar laminectomy in November. It does not appear, however, that ___ ever underwent back surgery or at least there is no documentation to such submitted.

___ was evaluated at Valley Total Health Care Systems for comprehensive pain management. The date of the evaluation was February 17, 2005. Problems included chronic pain syndrome, difficulty dealing with negative emotions, distorted beliefs about the relationship between pain and disability, inadequate coping skills to manage emotional stress related to changes stemming from a work related injury, lifestyles which resulted in physical deconditioning and loss of function. Significant disability symptoms of depression, anxiety, and inability to return to work due to above problems were noted. It was recommended that she undergo interdisciplinary chronic pain management program. A functional capacity evaluation was performed at Valley Total Health Care Systems on March 21, 2005, which indicated she would work in at a sedentary level of work. In an appeal letter dated April 21, 2005 it was argued that conservative psychological care alone was not felt to be the most appropriate form of treatment as she has severe psychological barriers to her recovery and continued to rely on opioid medications to manage her pain.

Pertinent test results submitted included cervical spine x-rays dated February 19, 1999 showing mild degenerative changes of the mid-cervical spine at C3-4 and C4-5, left shoulder x-rays dated February 19, 1999 were normal, lumbar x-rays on February 19, 1999 showed mild degenerative disk disease. An MRI of the lumbar spine without contrast June 21, 2000 showed a slightly less pronounced disk extrusion at L2-3 compared to April 23, 1999. There was no significant change in the posterior left paracentral disk bulging at L4-5. The thecal sac was not compressed and neuroforamen were normally patent. There were no new areas of posterior disk bulging or herniations seen. There were minor spondylitic changes without significant change involving the L2-3 and L3-4 segments. Another MRI of the lumbar spine on March 29, 2005 showed at L1-2 a 2-mm posterior disk bulge with some impingement on the thecal sac, at L2-3 a 10-mm posterior disk herniation with herniated fragment oriented superiorly causing impingement on the left neuro-exit foramen and central aspect of the thecal sac, plus some impingement on the right neuro-exit foramen. The left was unremarkable except for bilateral facet synovitis. At L4-5 there was a 2-mm posterior disk bulge with some impingement on the thecal, and at L5-S1 there was a 2-mm posterior disk bulge with some impingement on the thecal sac.

Documents reviewed:

1. Initial medical report, Ruben Pechero, MD, May 27, 1999.
2. Letter to whom it may concern, Ruben Pechero, MD, May 25, 1999.
3. Texas Workers Compensation Work Status Reports, office progress notes and correspondence, Monzer Yazji, MD, June 13, 2000 through may 11, 2005.
4. Plastic surgery consultation, Ali Seif, MD, February 3, 2000.
5. Orthopedic consultation, S. Ali Mohamed, MD and office progress notes August 10, 1999 through September 21, 1999.
6. Neurosurgical consultation, Umberto Tijerina, MD, June 5, 2000.
7. Pain management consultation and office progress notes, Tim S. Chowdhury, MD, February 25, 1999 through July 10, 2002.
8. Psychological evaluation, Mary Lou Gonzales and James Flowers, Health Trust Chronic Pain Management, July 10, 2002.
9. Neurosurgical consultation, M. Beck, MD, July 15, 2002.
10. Orthopedic evaluation and progress notes Raoul Marquez, MD, February 26, 2001 to September 10, 2001.
11. Functional capacity evaluation and request for reconsideration for chronic behavioral pain management program, Valley Total Health Systems, February 17, 2005 to April 21, 2005.
12. CPT, thresh hold testing, Monzer Yazji, MD, November 24, 1999.
13. Miscellaneous laboratory tests, April 1, 2002.
14. MRI of the lumbar spine, July 28, 1992.
15. MRI of the lumbar spine March 21, 1995; MRI of the left shoulder April 23, 1999; MRI of the lumbar spine April 23, 1999; bilateral wrist x-rays, left foot x-rays, right ankle x-rays, left knee x-rays February 19, 1999.
16. Orthopedic progress notes, George Kartalian, Jr., MD, December 18, 200 to August 23, 2001.
17. MRI of the lumbar spine, June 21, 2000, MRI of the lumbar spine March 29, 2005, ultrasound of the liver October 24, 2000.
18. Report of medical evaluation and impairment rating, Revindar Arora, MD, October 18, 2001.
19. Medical necessity review, Kenneth M. Rosenzweig, MD, July 12, 2004.
20. Medical necessity review, authorship unknown, March 22, 2000.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a chronic pain management program X 10 sessions.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that ___ has had chronic pain syndrome dating to a slip and fall injury in _____. She has identifiable pathology in her lower back and her left shoulder and in her wrists.

These have been treated conservatively, but she continues to experience pain, which interferes with her daily function. She also has symptoms of depression and anxiety.

It does not appear that she has had ongoing psychological assessments or treatment or for her pain disorder.

The medical literature favors the use of cognitively based comprehensive pain management programs, which have been shown to be of benefit in improving the patient's level of function, quality of life, reduction in use of chronic narcotic therapy and return to work status.

References:

1. American College of Occupational and Environmental Medicine Guidelines, 2nd Edition.
2. Cochran Evidence based guidelines Re: Chronic pain.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) 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 (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 Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 20th day of July 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli