

August 12, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-05-2062-01

CLIENT TRACKING NUMBER: M2-05-2062-01 / 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 from the State:

Notification of IRO Assignment, 7/11/05

TWCC Case Assignment Letter, 7/11/05

Medical Dispute Resolution Request/Response Form, 6/27/05

Provider List

Table of Disputed Services

Notification of Review Outcome, 5/23/05

Notification of Appeal Outcome, 6/1/05

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Records from the Requestor:

Letter from Robert Josey, 7/7/05
Medical Dispute Resolution Request/Response Form, 6/27/05
Table of Disputed Services
Provider List
TWCC Case Assignment Letter, 6/30/05
Requestor's Position on Pre-Authorization Chronic Pain Management Program, 6/22/05
Continuation: Chronic Pain Management Program Preauthorization Request, 5/18/05
Request for: Continuation of 10-days chronic pain management program, 5/18/05
Interdisciplinary Treatment Modalities
Pain Rehabilitation Program Design
Notification of Review Outcome, 5/23/05
Information on the Appeal Process - Workers' Compensation
Reconsideration: Chronic Pain Management Program Preauthorization Request, 5/25/05
Notification of Appeal Outcome, 6/1/05
Letter James Odom II, Buena Vista Workskills, undated
Letter from Catherine Edwards, RN, First Health, 6/20/05
Patient Face Sheet, Buena Vista Workskills, 2/7/05
Patient Information form, 3/28/05
Required Medical Examination, Patrick Mulroy, MD, 2/11/05
Physical Performance Evaluation, Buena Vista Workskills, 5/13/05
Behavioral Medicine Consultation, Buena Vista Workskills, with addendum, 2/1/05
Initial evaluation, Donald Dutra, MD, 3/3/05
Follow up evaluation, Donald Dutra, MD, 5/5/05
Letter from Vance Zachary, MD, Alamo HealthCare Systems, undated

Records from the Respondent:

Letter from Robert Josey, 7/15/05
Required Medical Examination, Patrick Mulroy, MD, 2/11/05
Notification of Appeal Outcome, 6/1/05

Records from Dr. Vance Zachary:

Office notes Alamo Healthcare, 7/30/02 - 5/3/05
TWCC-69 Report of Medical Evaluation, 8/12/04
Narrative report of medical evaluation, 8/12/04
Review of Medical History and Physical Exam with Impairment Rating Report, Ken Ford, MD, 8/12/04
TWCC-69 Report of Medical Evaluation, 6/23/04
Evaluation, Universal Physician Consultants, Daniel Boyle, DO, 5/24/04
TWCC-69 Report of Medical Evaluation, 5/21/03
Evaluation, Universal Physician Consultants, Daniel Boyle, DO, 4/30/03
Letter from Linda Marshall, Sentry Claims Service, 2/15/05
Required Medical Examination, Patrick Mulroy, MD, 2/11/05

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TWCC-73 Texas Worker's Compensation Work Status report
Employee's Request to Change Treating Doctors, 7/25/02
Office notes, Robert Johnson, MD, 6/22/04, 10/14/04, 4/14/05
Physical Performance Evaluation, Buena Vista Workskills, 3/23/05
Patient Information forms, Buena Vista Workskills, 12/28/04, 1/20/05, 2/23/05, 3/28/05
Second Functional Capacity Evaluation, 1/18/05
Behavioral Medicine Consultation, Buena Vista Workskills, with addendum, 2/1/05
Worker's Compensation Medical Report, AR Garza-Vale, MD, 7/14/04
Worker's Compensation Medical Report, AR Garza-Vale, MD, 6/29/04
MRI, Right Knee report, and Results form, 6/19/04
Referral Requests, Vance Zachary, MD, Alamo HealthCare Systems, 2/24/03, 4/1/03, 8/14/03,
10/15/03, 5/24/04, 6/18/04
Laboratory reports, 5/27/04
Consultation, South Texas Spinal Clinic, 10/20/03
Physical Performance Evaluation, Buena Vista Workskills, 8/27/03
Consultation, Steven Snider, DPM, 6/20/03
Office visit, Blaine Smith, Advanced Hearing & Communications, 6/17/03
Client Information, Advanced Hearing & Communications, 6/16/03
Test results, Advanced Hearing & Communications, 6/16/03
TWCC-73 Texas Worker's Compensation Work Status report, 6/10/03
Office note, Frank Garcia, MD, 8/8/02, 8/20/02, 9/3/02, 10/10/02, 2/11/03, 3/25/03, 6/10/03
Prescriptions, Frank Garcia, MD, 9/11/02, 6/10/03
Initial FCE, Buena Vista Workskills, 5/28/03
Buena Vista Workskills notes, 4/23/03, 5/21/03
Office notes, Michael Murphy, MD, Consultants in Pain Medicine, 9/30/02 - 4/17/03
Pain Clinic Operation Reports, 11/6/02, 11/20/02, 12/13/02
Procedure/Testing notes, Vance Zachary, MD, 2/18/03, 2/26/03, 3/3/03, 3/5/03, 3/13/03, 3/17/03,
3/23/03, 4/1/03, 4/4/03, 4/7/03, 4/9/03
Alamo Healthcare Systems Evaluations, 2/24/03, 4/1/03
TWCC-73 Texas Worker's Compensation Work Status report, 3/25/03
TWCC-73 Texas Worker's Compensation Work Status report, 2/11/03
Behavioral Medicine Assessment, Kirk Coverstone, PhD, 2/7/03
Request for Individual Counselling, Vance Zachary, MD, 1/21/03
TWCC-73 Texas Worker's Compensation Work Status report, 1/7/03
Office note, Sanjay Misra, MD, 10/31/02
TWCC-73 Texas Worker's Compensation Work Status report, 10/10/02
TWCC-73 Texas Worker's Compensation Work Status report, 9/26/02
TWCC-73 Texas Worker's Compensation Work Status report, 9/10/02
TWCC-73 Texas Worker's Compensation Work Status report, 9/3/02
TWCC-73 Texas Worker's Compensation Work Status report, 8/2/02
Radiology reports, Metropolitan Hospital, 8/22/02, 8/23/02
TWCC-73 Texas Worker's Compensation Work Status report, 8/8/02

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Radiology report, Alamo City Imaging, 8/7/02
Alamo Healthcare System Therapy & Progress notes, 7/25/02 - 4/21/03
Subjective Re-evaluations, Alamo Healthcare System, 1/17/03 - 5/5/05
Physical Medicine/Rehabilitation Plan, 7/24/02

Records Received from Dr. Donald Dutra:

Letter from Texas Workers' Compensation Commission re: Closure of Request for Prospective Review of Medical Care, 5/26/05
TWCC-49 Texas Workers' Compensation Commission Request for Prospective Review of Medical Care Not Requiring Preauthorization
Follow up evaluation, Donald Dutra, MD, 5/5/05
Prescription, Donald Dutra, MD, 4/20/05
History and Physical, Donald Dutra, MD, 4/6/05
Initial Evaluation, Donald Durta, MD, 3/3/05
Test results, 4/6/05
Patient registration form, 3/3/05
Worker's Compensation Information Sheet

Records Received from Harris & Harris:

Letter from Robert Josey, 7/18/05
Required Medical Examination, Patrick Mulroy, MD, 2/11/05
First Health Notification of Appeal Outcome, 6/1/05

Summary of Treatment/Case History:

The claimant is a gentleman of undisclosed age who allegedly suffered a workplace injury on _____. Subsequently he developed pain in his lumbar spine, left hip and right shoulder. He has been treated with pain medication, chiropractic care and numerous surgical procedures, 10 sessions of work hardening and lower level behavioral health treatment without relief of symptoms. He has now undergone 10 sessions of an interdisciplinary pain management program with significant improvement.

Questions for Review:

1. Pre-authorization denied for 10 sessions of chronic pain management. Medical necessity. Address medical necessity only. Do not comment on any enclosed plan language

Explanation of Findings:

1. The claimant has undergone 10 initial sessions of the interdisciplinary pain management program. At the end of 7 days, he had shown progress on four of the nine psychosocial measures recorded. Although his pain scores have not yet decreased, this is typically a later improvement. The usual IPMP lasts for 20-30 sessions, so the present level of progress is satisfactory after 7 days. There is abundant evidence in the literature that IPMP's are effective in providing persistent relief of pain and increase in function.

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Conclusion/Decision to Certify:

1. Pre-authorization denied for 10 sessions of chronic pain management. Medical necessity. Address medical necessity only. Do not comment on any enclosed plan language

The requested 10-day continuation of the interdisciplinary pain management program is medically necessary.

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

An employee who sustains a compensable injury is entitled to all health care reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to health care that:

- 1) Cures or relieves the effects naturally resulting from the compensable injury;
- 2) Promotes recovery, or
- 3) Enhances the ability of the employee to return to or retain employment.

References Used in Support of Decision:

Patrick, L E, et al. (2004). Long-term outcomes in multidisciplinary treatment of chronic low back pain: results of a 13-year follow-up. Spine 29:850-5

Haldorsen, E M, et al. (2002). Is there a right treatment for a particular patient group? Comparison of ordinary treatment, light multidisciplinary treatment, and extensive multidisciplinary treatment for long-term sick-listed employees with musculoskeletal pain. Pain 95:49-63

Guzman, J, et al. (2002). Multidisciplinary bio-psycho-social rehabilitation for chronic low back pain. Cochrane Database Syst Rev CD000963

Turk, D C (2001). Combining somatic and psychosocial treatment for chronic pain patients: perhaps 1 + 1 does = 3. Clin J Pain 17:281-3

The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the national board of medical examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

MRloA 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 received by 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 / Appeals Clerk
P. O. Box 17787
Austin, TX 78744

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
Respondent