

August 16, 2005

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-05-2171-01
CLIENT TRACKING NUMBER: M2-05-2171-01

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:

FROM THE STATE:

Notification of IRO assignment dated 8/2/05 1 page
Medical dispute resolution request/response form 2 pages
Table of disputed services 1 page
Texas Workers Compensation Commission form dated 8/2/05 1 page
Provider form 1 page
Letter from Shorman solutions dated 12/2/04 3 pages
Letter from Shorman solutions dated 12/20/04 3 pages

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FROM THE REQUESTOR:

Prospective review form dated 8/1/05 1 page
Request for multidisciplinary chronic pain management program dated 8/10/05 8 pages
Initial exam notes dated 3/9/04 3 pages
Interim exam notes dated 3/30/04 3 pages
Diagnostic interview notes dated 11/16/04 8 pages
Work status report dated 3/9/04 1 page
Work status report dated 3/30/04 1 page
Interim exam dated 7/2/04 3 pages
Re-Evaluation narrative dated 8/3/04 3 pages
Work status report dated 8/30/04 1 page
Consultation note dated 9/7/04 1 page
Consultation 99212 note dated 11/8/04 1 page
Work status report dated 11/8/04 1 page
TWCC report of medical evaluation dated 8/12/04 1 page
Impairment rating dated 8/12/04 7 pages
Letter from member dated 8/26/04 1 page
TWCC report of medical evaluation dated 9/17/04 1 page
Letter from Dr. Santa-Ana, MD dated 9/17/04 2 pages
Supplemental information cover sheet 1 page
Review of medical history and physical exam dated 9/17/04 3 pages
Letter from Dr Mireles, MD dated 8/12/04 1 page
MRI lumbosacral spine dated 8/18/03 1 page
Radiograph biomechanical report dated 3/9/04 5 pages
Letter from Dr. Quraishi, MD dated 3/9/04 1 page
Orthopedic visit notes dated 8/17/04 2 pages
Letter from Dr Timjes, MD dated 8/17/04 1 page
Medical report dated 10/12/04 2 pages
Medical report dated 12/7/04 2 pages
Follow up notes dated 8/31/04 3 pages
Follow up notes dated 9/28/04 3 pages
Follow up notes dated 10/26/04 3 pages
Extremity report dated 8/12/04 2 pages
Motor nerve study report dated 8/12/04 2 pages
F-Wave study report dated 8/12/04 1 page
Work status report dated 7/9/04 1 page
Letter from Dr. Keillor, MD dated 7/9/04 7 pages
SOAP notes dated 9/4/01 - 2/17/04 7 pages
Texas Workers Compensation Commission form dated 8/2/05 1 page
Texas Workers Compensation Commission form dated 7/26/05 1 page
Fax cover sheet from Maria Perez dated 7/21/05 1 page
Fax transaction report 1 page
Letter from Texas Workers Compensation Commission dated 6/16/05 1 page
Letter from Maria Perez dated 3/30/05 1 page
Letter from Texas Property and Casualty dated 8/2/04 1 page
Fax cover sheet from Texas Property and Casualty 1 page
(continued)

Medical dispute resolution request/response form 1 page
Provider form 1 page
Letter from Texas Property and Casualty dated 1/19/05 1 page
Texas Workers Compensation Commission form dated 1/19/05 1 page
Fax cover sheet from Maria Perez dated 3/30/05 1 page
Fax transaction report 1 page
Texas Workers Compensation Commission form dated 1/13/05 1 page
Medical dispute resolution request/response 1 page
Provider form 1 page
Instructions on completing the medical dispute resolution request/response form 1 page
Copy of Fed Ex package 1 page
Pre-authorization request dated 11/29/04 1 page
Fax cover sheet to pre-auth department dated 11/29/04 1 page
Fax transaction report 1 page
Letter from Shorman solutions dated 11/29/04 3 pages
Request for reconsideration dated 12/20/04 1 page
Fax transaction report 1 page
Letter from Shorman solutions dated 12/20/04 3 pages
Request for reconsideration dated 12/20/04 2 pages
Request for multidisciplinary chronic pain management program dated 11/29/04 7 pages
Letter from Texas Property and Casualty dated 1/14/05 1 page
Fax transaction report 1 page
Pre-authorization advisor reviewer form dated 12/28/04 1 page
Request for reconsideration dated 12/20/04 1 page
Table of disputed services 1 page

FROM THE RESPONDENT:

Response to IRO records request dated 8/10/05 5 pages
Letter from Shorman solutions dated 11/29/04 3 pages
Letter from Shorman solutions dated 12/20/04 3 pages
APS bulletin dated 9/98-10/98 volume 8 number 5 20 pages
Medical records cover sheet 1 page
Patient history (in spanish) 1 page
Chart notes dated 9/27/98 3 pages
Chart notes dated 7/10/99 2 pages
Specimen data report dated 7/10/99 1 page
Labcorp report dated 7/13/99 1 page
Chart notes dated 7/14/99 1 page
Patient referral form dated 7/22/98 1 page
Letter from Dr. Wong, MD dated 8/12/99 1 page
Colonoscopy procedure report dated 8/27/99 1 page
EGD procedure report dated 8/27/99 1 page
History and physical examination notes dated 8/27/99 2 pages
Handwritten chart notes dated 9/12/99 1 page
SOAP notes dated 4/01 - 2004 7 pages
Chart notes dated 12/28/01 1 page
(continued)

Lab report dated 1/2/02 1 page
Chart notes dated 1/2/02 - 3/7/02 4 pages
Chart notes dated 3/7/02 1 page
Lab report dated 3/7/02 1 page
Chart notes dated 3/25/02 - 3/27/02 2 pages
Labcorp report dated 3/27/02 3 pages
Lab report dated 3/27/02 1 page
Chart notes dated 4/27/02 2 pages
Chart notes dated 6/22/02 1 page
Chart notes dated 6/23/02 1 page
Specimen data report dated 6/23/02 1 page
Chart notes dated 7/14/02 2 pages
Referral and consultation form dated 7/14/02 1 page
Preliminary MRI report dated 7/16/02 1 page
Lab report dated 7/17/02 1 page
Chart notes dated 7/17/02 1 page
Lab report dated 7/22/02 1 page
Chart notes dated 7/22/02 1 page
Chart notes dated 8/12/02 1 page
Letter from NDA dated 9/3/02 1 page
Request for additional supplies from NDA dated 9/03/02 1 page
Physician order and authorization form dated 9/2/03 1 page
Request for additional supplies dated 8/22/02 1 page
Chart notes dated 9/26/02 1 page
Chart notes dated 10/8/02 1 page
Chart notes dated 10/15/02 1 page
Echo report dated 10/15/02 3 pages
Patient referral form dated 12/21/02 1 [age
Chart notes dated 11/16/02 1 page
Chart notes dated 11/26/02 1 page
Chart notes dated 10/4/30 1 page
Chart notes dated 12/1/02 1 page
Chart notes dated 12/6/02 1 page
Chart notes dated 12/8/02 1 page
Chart notes dated 12/14/02 1 page
Chart notes dated 12/21/02 1 page
Lab report dated 12/21/02 1 page
Chart notes dated 1/2/03 1 page
Chart notes dated 1/7/03 1 page
Specimen data report dated 1/7/03 1 page
Lab report dated 1/8/03 1 page
Labcorp report dated 1/8/03 1 page
Chart notes dated 2/4/03 1 page
Chart notes dated 2/16/03 1 page
Chart notes dated 3/26/03 1 page
Lab report dated 3/26/03 1 page
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Progress notes dated 4/2/03 1 page
Clinical history dated 4/2/03 1 page
Chart notes dated 5/27/03 1 page
Lab report dated 5/27/03 1 page
Chart notes dated 6/20/03 1 page
Chart notes dated 6/20/03 1 page
Lab report dated 6/20/03 1 page
Progress notes dated 6/23/03 1 page
Lab report dated 7/3/03 1 page
Chart notes dated 7/3/03 1 page
Chart notes dated 7/10/03 1 page
Chart notes dated 7/10/03 1 page
Chart notes dated 8/17/03 1 page
Specimen data report dated 8/17/03 1 page
Lab report dated 8/17/03 1 page
History and physical dated 8/18/03 2 pages
MRI of lumbosacral spine dated 8/18/03 1 page
Patient report form dated 8/18/03 1 page
H. Pylori breath test dated 8/18/03 1 page
Lab report dated 8/18/03 9 pages
Chart notes dated 8/21/03 1 page
MRI Left knee report dated 8/28/03 1 page
Progress notes dated 9/4/03 2 pages
Bone scan report dated 9/4/03 4 pages
Lab report dated 9/4/03 1 page
Lab report dated 9/4/03 5 pages
Progress notes dated 9/15/03 2 pages
Physician order and authorization from NDA dated 9/8/03 1 page
Chart notes dated 9/29/03 1 page
Chart notes dated 9/30/03 1 page
Progress notes dated 9/30/03 2 pages
Chart notes dated 9/30/03 1 page
Spirometry report dated 9/30/03 1 page
Chart notes dated 10/15/03 1 page
Specimen data report dated 10/15/03 1 page
Lab report dated 10/15/03 1 page
Chart notes dated 10/16/03 1 page
Chart notes dated 11/9/03 1 page
Specimen data report dated 11/9/03 1 page
Chart notes dated 11/9/03 1 page
Lab report dated 11/9/03 1 page
Progress notes dated 12/15/03 1 page
Lab test dated 12/15/03 1 page
Lab test dated 12/22/03 1 page
Chart notes dated 12/16/03 1 page
Lab report dated 12/16/03 1 page
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Progress notes dated 12/22/03 1 page
Progress notes dated 2/4/04 1 page
Medical necessity for therapeutic shoes dated 2/5/04 1 page
Chart notes dated 2/5/04 1 page
Lab report dated 2/5/04 1 page
Work status report dated 2/13/04 1 page
Chart notes dated 2/20/04 1 page
Chart notes dated 2/23/04 1 page
Patient referral form dated 2/23/04 1 page
Exam L-spine dated 3/9/04 1 page
Radiographic biomechanical report dated 3/17/04 1 page
Initial exam notes dated 3/9/04 3 pages
Work status report dated 3/9/04 1 page
Office visit 99213 notes dated 3/10/04 5 pages
Office visit 99213 notes dated 3/11/04 5 pages
Office visit 99213 notes dated 3/15/04 10 pages
Radiographic biomechanical report dated 3/17/04 5 pages
Office visit 99213 notes dated 3/18/04 6 pages
Office visit 99213 notes dated 3/22/04 6 pages
Office visit 99213 notes dated 3/24/04 6 pages
Office visit 99213 notes dated 3/25/04 6 pages
Interim exam notes dated 3/30/04 3 pages
Work status report dated 3/30/04 1 page
Chart notes dated 4/30/04 1 page
Chart notes dated 5/21/04 1 page
Specimen data report dated 5/21/04 1 page
Chart notes dated 5/21/04 1 page
Lab report dated 5/21/04 1 page
Lab report dated 6/23/04 1 page
Chart notes dated 6/23/04 1 page
Specimen data report dated 6/23/04 1 page
Patient referral form dated 6/30/04 1 page
Interim exam notes dated 7/2/04 2 pages
Chart notes dated 6/30/04 2 pages
Work status report dated 7/9/04 1 page
Letter from Dr. Keillor, MD dated 7/9/04 7 pages
Medical records release form dated 7/12/04 1 page
Notice of denial from Texas Property and Casualty dated 8/2/04 1 page
Re-evaluation narrative dated 8/3/04 3 pages
Work status report dated 8/3/04 1 page
History and physical exam notes dated 8/3/04 4 pages
TWCC report of medical evaluation dated 8/12/04 1 page
Impairment rating report dated 8/12/04 7 pages
Letter from Dr. Mireles, MD dated 8/12/04 1 page
Electromyography interpretation dated 8/12/04 1 page
Nerve conduction velocities interpretation dated 8/12/04 1 page
(continued)

Motor nerve study report dated 8/12/04 2 pages
Upper extremities report dated 8/12/04 1 page
Motor nerve study report dated 8/12/04 2 pages
Prescription for EMG/NCV lower extremities dated 8/12/04 1 page
Letter from Dr. Mireles, MD dated 8/12/04 2 pages
Work status report (not dated) 1 page
Notice of denial from Texas Property and Casualty dated 8/12/04 1 page
Letter from Dr. Tijmes, MD dated 8/17/04 1 page
Orthopedic visit notes dated 8/17/04 2 pages
Lumbar epidural report dated 8/24/04 3 pages
Follow up notes dated 8/31/04 3 pages
Consultation notes dated 9/7/04 1 page
Letter from Dr Santa-Ana, MD dated 9/17/04 2 pages
Supplemental information cover sheet 1 page
Review of medical history and physical exam notes dated 9/17/04 3 pages
TWCC report of medical evaluation dated 9/17/04 1 page
Follow up notes dated 9/28/04 3 pages
Specific and subsequent medical report dated 10/12/04 2 pages
Follow up notes dated 10/26/04 4 pages
Work status report dated 11/8/04 1 page
Specific and subsequent medical report dated 11/9/04 2 pages
Diagnostic interview dated 11/16/04 8 pages
Request for multidisciplinary chronic pain management program dated 11/29/04 7 pages
Follow up notes dated 11/30/04 3 pages
Specific and subsequent medical report dated 12/7/04 2 pages
Follow up notes dated 12/21/04 3 pages
Specific and subsequent medical report dated 2/1/05 2 pages
Follow up notes dated 2/15/05 4 pages
Specific and subsequent medical report dated 3/29/05 2 pages
Copy of check dated 8/10/05 1 page

Summary of Treatment/Case History:

The claimant is a 75 year old gentleman who suffers from diabetes and Parkinson's disease. He allegedly suffered a workplace injury on _____. Subsequently he developed low back pain, which radiates to his legs. MRI examination revealed a herniated disc and spinal stenosis. EMB/NCV studies were suggestive of neuropathy but not radiculopathy, He has undergone extensive chiropractic and physical therapy without apparent progress. One epidural steroid injection caused his diabetes to go out of control so further injections were not used. His Parkinsonian symptoms appear to be worsening.

Questions for Review:

1. Pre authorization request denied for Chronic Pain Program 30 sessions.

Explanation of Findings:

Although the claimant is beyond the usual retirement age and afflicted with an illness, Parkinson's disease, which may hinder his maximal benefit from the proposed program, there are no more
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conservative treatments which have a chance of decreasing his pain and improving his function which have not been tried. Thus, according to the TWCC definition of medical necessity reproduced below, the program is clearly medically necessary, since it has a good chance of relieving the effects (chronic pain) naturally resulting from the compensable injury. There is one published guideline, which states that the maximum length for a program such as this is 20 days; however, the usual program still lasts 30 days.

Conclusion/Decision to Certify:

1. Pre authorization request denied for Chronic Pain Program 30 sessions.

The decision is to certify the requested 30 days of chronic pain management program.

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

Texas Definition of Medical Necessity (Texas Labor Code §408.021):

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

Skouen, J S, et al. (2002). Relative cost-effectiveness of extensive and light multidisciplinary treatment programs versus treatment as usual for patients with chronic low back pain on long-term sick leave: randomized controlled study. Spine 27:901-9; discussion 909-10

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.

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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

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 / 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 MRloA 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 MRloA 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 MRloA 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 MRloA harmless for any and all claims which may arise as a result of this case review.

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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