



Specialty Independent Review Organization, Inc.

September 7, 2005

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

Patient:  
TWCC #:  
MDR Tracking #: M2-05-2179-01  
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 Pain Management and Anesthesia. 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

This 46-year-old man fell onto his back from the back of a truck. He has had plain x-rays of the chest and ribs, cervical spine, thoracic spine, pelvis and an MRI of the lumbar spine. The MRI shows 2 levels with herniated discs, but his physical exam shows lumbar muscle spasm without radicular findings. His past medical history is positive for diabetes, gastric surgery and a cerebrovascular accident in \_\_\_\_\_. He has also been treated with Zoloft in the remote past.

#### Records Reviewed:

Records from the Carrier: Letter from Medical Business Management services; Accident report-Edinburg Medical Center; Patient notes-Dr. Yarritu; Chest x-rays-ribs; Plain films report; TWCC work status report; MRI report-lumbar spine; Dr. Ramos notes;

Dr. Wittels notes; Doppler ultrasound report and liver ultrasound; Dr. Mehkri notes; X-ray of right hand; and Dr. Yazji notes.  
Records from Doctor/Facility: Patient notes-Dr. Yarritu; Accident report-Edinburg Medical Center; MRI report-lumbar spine; Chest x-rays-ribs; Plain film reports; Dr. Linan-impairment rating report; Information request from the Julia Law firm; TWCC-69 reports; Impairment evaluation and notes of Dr. Oslo; Dr. Ramos notes; TWCC work status report; U of Texas First Report of Injury; and EKG  
Valley Integrated Pain Assessment and Care-Mental Health and Pain assessment reconsideration request

### REQUESTED SERVICE

The item in dispute is the prospective medical necessity of 20 sessions of outpatient chronic pain multi-disciplinary management services.

### DECISION

The reviewer agrees with the previous adverse determination.

### BASIS FOR THE DECISION

The reviewer states the this decision is supported by Clinical Practice Guidelines for Chronic Non-malignant Pain Syndrome Patients II: an evidence-based approach. J Back Musculoskeletal Rehabilitation, 1999; 13: 47-58. "It is recommended that chronic non-malignant pain syndrome patients be accepted for treatment if there is a reasonable chance of showing significant improvement in at least three of the first seven program goals (i.e., increased productivity, reduced medication misuse, reduced subjective pain intensity, etc.)".

These include:

- Reduce the misuse, overuse, or dependency on medications (defined here as continuous use of therapeutic levels of opioids or sedative/hypnotics, or any other medications for pain or related symptoms, above the maximum recommended daily doses or duration, and physical or psychological dependency), and reduce the use of invasive medical procedures  
Patient is maintained on minimal amounts of medication. This has been stable. There is no evidence of misuse.
- Maximize and maintain optimal physical activity and function. Patient returned to work for an 8 hour day
- Return to productive activity at home, socially, and/or at work. Provider has stated that "\_\_\_ was as good as he was going to get".
- Increase the patient's ability to self-manage pain and related problems.

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 7<sup>th</sup> day of September 2005**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative:      Wendy Perelli**