MEDICAL REVIEW OF TEXAS

[IRO #5259]
3402 Vanshire Drive Austin, Texas 78738
Phone: 512-402-1400 FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-2213-01
Name of Patient:	
Name of URA/Payer:	Insurance Company of the State of PA
Name of Provider: (ER, Hospital, or Other Facility)	Injury 1 Treatment Center
Name of Physician: (Treating or Requesting)	Micah Mordecai, DC

August 29, 2005

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Injury 1 Treatment Center
Micah Mordecai, DC
Texas Workers Compensation Commission

CLINICAL HISTORY

Documents Reviewed Included the Following:

1. Notification of IRO Assignment, Table of Disputed Services, Carrier EOBs
2. Copies of Carrier denials for pre-authorization
3. Initial medical consultation report, dated 9/5/02
4. NCV/EMG testing, dated 9/17/02
5. Medical consultation report, following NCV/EMG, dated 9/30/02
6. MMI/Impairment evaluation narrative, dated 2/28/03
7. Behavioral medical consultation narrative, dated 10/18/04, with addendum same date
8. Letter of medical necessity from treating doctor of chiropractic, dated 2/23/05
9. Physical therapy reevaluation (chronic pain program), dated 5/23/05
10. Requestor's Position Statement on the dispute, dated 7/26/05
11. Carrier's position statement, dated 8/10/05
12. Treatment center's intake paperwork
13. Behavioral health report, dated 5/25/05 and 6/8/05
14. Physical performance evaluation, dated 5/23/05
15. Chronic Pain Management Plan & Goals of Treatment notes, dated 2/22/05, 5/25/05 and 6/8/05
16. Treating doctor "illness encounter notes," multiple dates

Patient is a 38-year-old female trimmer for a major food company who, on ___, injured her bilateral upper extremities. According to the injury report, she sustained a repetitive carpal tunnel injury while

repeatedly pulling chickens. She has subsequently been treated with chiropractic care, physical therapy, medications, a work hardening program, a chronic pain management program, and lower level behavioral health treatments. She was awarded a 2% whole-person impairment and determined to be at MMI on 2/28/03 by a TWCC designated doctor.

REQUESTED SERVICE(S)
Preauthorization request for 10 additional days of chronic pain management program.

DECISION
Denied.

RATIONALE/BASIS FOR DECISION
The requestor incorrectly utilized the "National Guideline Clearinghouse" as a source for why additional chronic pain management sessions are medically necessary. That entity is not one that endorses the validity of guidelines, nor does it publish any peer-reviewed, indexed journals.

Current medical literature actually states, "There is also no strong evidence for the effectiveness of multidisciplinary rehabilitation as compared to usual care." [1] The current medical literature further states "…that there appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities..." [2] And a systematic review of the literature for a multidisciplinary approach to chronic pain found only 2 controlled trials of approximately 100 patients with no difference found at 12-month and 24-month follow-up when multidisciplinary team approach was compared with traditional care.[3] Based on those studies, there is no support for the medical necessity of the additional chronic pain management sessions in this case.

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[1] Ostelo RW, de Vet HC, Waddell G, Kerchhoffs MR, Leffers P, van Tulder M, Rehabilitation following first-time lumbar disc surgery: a systematic review within the framework of the cochrane collaboration. Spine. 2003 Feb 1;28(3):209-18.
[2] Karjalainen K, Malmivaara A, van Tulder M, Roine R, Jauhiainen M, Hurri H, Koes B. Multidisciplinary biopsychosocial rehabilitation for neck and shoulder pain among working age adults. Cochrane Database Syst Rev. 2003;(2):CD002194.
[3] Karjalainen K, et al. Multidisciplinary rehabilitation for fibromyalgia and musculoskeletal pain in working age adults. Cochrane Database of Systematic Reviews 2000;2.

The requestor's report stated, "She has failed an extensive course of conservative chiropractic care, physical therapy, a work hardening program, and lower level behavioral health treatment." Those treatments – along with the previously attempted chronic pain management sessions - had within them the self-help strategies, coping mechanisms and modalities that are inherent in and central to the proposed additional sessions of chronic pain management. In other words and for all practical purposes, much of the proposed program has already been attempted and failed. Therefore, since the patient is not likely to benefit in any meaningful way from repeating unsuccessful treatments, the proposed additional sessions are medically unnecessary.

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.

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 **10** (ten) calendar days of your receipt of this decision (20 Tex. 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 **20** (twenty) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 30th day of August 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell