

October 21, 2005

[Claimant]

Re: **MDR #:** M2-05-2339-01 **Injured Employee:** ___
 TWCC#: ___ **DOI:** ___
 IRO Cert. #: 5055 **SS#:** ___

TRANSMITTED VIA FAX TO:
TDI, Division of Workers' Compensation Commission
Attention:
Medical Dispute Resolution
Fax: (512) 804-4868

REQUESTOR:
Texas Health
Attention: James Odom
Fax: (214) 692-6670

RESPONDENT:
Target Corp / F.O.L.
Attention: Katie Foster
Fax: (512) 867-1733

TREATING DOCTOR:
John D. Botefuhr, DC
Fax: (214) 368-5656

Dear Ms. ___:

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in Anesthesiology and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation Commission. This decision by Independent Review, Inc. is deemed to be a Commission decision and order.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

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 October 21, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/dd

REVIEWER'S REPORT M2-05-2339-01

Information Provided for Review:

DWC-60, Table of Disputed Services, EOB's

From Requestor:

- Correspondence
- Office Notes 11/18/04 – 02/08/05
- PT Notes 01/13/05 – 06/06/05
- Functional Capacity Eval 06/06/05

From Respondent:

- Correspondence
- Designated Review

Chiropractor:

- Office Notes 09/15/04 – 09/07/05
- PT Notes 03/22/04 – 03/02/05
- Functional Capacity Eval 03/19/04 – 01/03/05
- Nerve Conduction Study 05/07/04 – 04/18/05

Spine:

- Office Notes 04/28/04 – 01/26/05

Sports Medicine:

- Office Notes 07/30/03 – 03/09/04
- PT Notes 02/16/04 – 03/08/04
- Radiology Report 02/06/04

Pain Management:

- Office Notes 03/23/05 – 06/06/05

Clinical History:

The patient is a 47-year-old female with an apparent work-related injury to the right upper extremity dated _____. She was diagnosed with a lateral epicondylitis and treated conservatively. Subsequently she underwent a lateral epicondylar release in August 2004. The pain has recurred, and the patient is now left with a chronic pain syndrome. She has been treated with biofeedback, physical therapy, work hardening, analgesics, and pharmacologic intervention with some improvement but not sufficient to return to work and normal life patterns. Anxiety and depression are noted.

Disputed Services:

Initial 10-day trial of chronic pain management program.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion the services in dispute as stated above is not medically necessary in this case.

Rationale:

The patient clearly meets criteria for a chronic pain syndrome. Indeed, the professionals at Texas Health are likely correct that the condition is refractory after multiple modalities. Regrettably, submitted and available information does not include any recent physical examination of the affected extremity. It is therefore not clear to this reviewer that all medical treatment has been exhausted. Clearly, the patient is affected by anxiety and depression, and treatment could be optimized with altered dosing of tricyclic antidepressants or addition of other medical therapy for depression. If in fact these issues are addressed and the condition remains refractory, the recommended treatment may be appropriate.

Screening Criteria and guidelines/publications utilized:

The work of Niels Becker, et al, is instructive in this case. In Pain, volume 84, issue 23, 2000, pages 203-211, Becker does demonstrate improved pain intensity scores with multidisciplinary pain centers versus management by a general practitioner. However, in Pain, September 1998, volume 77, issue 3, pages 279-283, Becker, et al, showed no improvement in physical functioning scores in patients similar to the subject of this report in multidisciplinary pain centers.