

September 27, 2005

[Claimant]

Re: **MDR #:** M2-05-2276-01 **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:

Positive Pain Management
Attention: Heidi Wilson
Fax: (972) 487-1916

RESPONDENT:

Hartford Accident & Indemnity
Attention: Barbara Sachse
Fax: (512) 343-6836

TREATING DOCTOR:

David Dennis, MD
Fax: (210) 615-7655

Dear Mr. ___:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC 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 any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to 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 Pain Management and Anesthesia and is currently listed on the TWCC Approved Doctor List.

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

YOUR RIGHT TO REQUEST A HEARING

Either party to this 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 (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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:

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

FAX (512) 804-4011

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.

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 September 27, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/dd

REVIEWER'S REPORT M2-05-2276-01

Information Provided for Review:

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

From Requestor:

Correspondence
Psychological Eval 05/24/05
Treatment Plan 05/26/05

From Respondent:

Correspondence

Treating MD:

Office Notes 06/12/00 – 03/28/05
Radiology Report 10/27/95 – 06/18/02

Chiropractor:

Office Visit 05/24/05

Clinical History:

The patient is approximately a 60-year-old male who, on ____, sustained a work-related back injury. Apparently he was working at a _____. He slipped on the floor and fell onto his coccyx, injuring his low back and sustained injuries that went all the way into his cervical spine. He was apparently taken to the emergency room and worked up at that time. He was treated with medications at that time and evaluated with x-rays and MRI scan. He eventually underwent surgery that included a fusion at C5/C6 and C7 and an additional fusion and decompression at L3/L4, L4/L5, and L5/S1 with cages and pedicle screws at L5. He continued to have pain and continued to be treated with medications and conservative therapies. He tried various things and various conservative treatments, and all of this seemed to be to no avail.

Disputed Services:

A 20-day multidisciplinary chronic pain management program.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion the services in dispute as stated above were medically necessary in this case.

Rationale:

The patient has had a chronic pain problem for some period of time. In fact, it has been greater than 3 to 6 months in duration. It has really been going on for 13 to 14 years. Despite this, he has not had any opportunity to participate in a multidisciplinary program. In the notes that I reviewed, it is clearly stated that a lot of his problems seem to be dealing with problems and having no coping strategies to do so. He has tried conservative management, and he does exhibit severe pain behavior, in fact, perhaps pain behavior that is beyond what his injuries are. Evaluations at a later time reveal his injuries to be stable. He has had a 3-level fusion in his back and a 2-level fusion in his neck, and these appear to be quite stable. He is not on an exorbitant amount of pain medications, and yet he is displaying severe pain behavior, even distant to the sites of his injury, which leave me to believe that most of his problems are centered around neural windup and deconditioning. He does have an impaired functional status due to depression and anxiety, but his Beck Depression Inventory at a level of 7 is not that severe and may only indicate a mild depression, which would be appropriate for his pain problem. Certainly, any help he gets with this pain problem will definitely improve his depression scores. The level of medication that he is on does not indicate drug dependency or tolerance to a large degree, but the duration of time he has been on them leads me to believe that these medications have little effectiveness because of his tolerance. He is not a surgical candidate. He has expressed himself that he is not interested in surgery, and my opinion in his situation would be that surgery at this point in a patient like this is likely to make him worse rather than better. He has tried some other types of treatment, and they have showed limited results. He did participate in some individual counseling and psychotherapy and biofeedback, and there was some improvement noted, but the improvement was limited. I am aware of Positive Pain Management Program. It is a good program, and it is a complete program, and I would consider this to be the claimant's only chance at recovery from this problem. I do not anticipate he would make a full recovery by any means, but changing his coping strategies, teaching him a bit about his pain problem, and allowing him to recondition his body would have probably more effect than anything else that could be offered.