

P – IRO

An Independent Review Organization
7626 Parkview Circle
Austin, Texas 78731
Phone: 512-346-5040
Fax: 512-692-2924

November 18, 2005

TDI-DWC Medical Dispute Resolution
Fax: (512) 804-4868

Delivered via Fax

Patient / Injured Employee _____
TDI-DWC # _____
MDR Tracking #: M2-06-0102-01
IRO #: 5312

P-IRO, Inc. has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Worker's Compensation (DWC) has assigned this case to P-IRO for independent review in accordance with DWC Rule 133.308 which allows for medical dispute resolution by an IRO.

P-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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed M.D. board certified and specialized in Pain Management. The reviewer is on the DWC Approved Doctor List (ADL). The P-IRO Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer 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 carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO assignment, information provided by The Requestor, Respondent, and Treating Doctor(s), including: Office notes, diagnostic studies, psychological evaluation.

CLINICAL HISTORY

Mr. ___ is a 62 year-old male who was initially injured on ___. According to the notes The Reviewer reviewed, The Patient was crawling out from under a truck and hit his back on a pipe. The Patient claims this caused a significant injury to his back. The

Patient has had lumbar surgery X 1. This surgery was approximately 3 years ago. The Patient complains now of increasing lower extremity weakness. The Patient had a lumbar myelogram in 2005 which showed a slight bulge at L5-S1. There was also evidence of a prior surgery. The Patient also had an EMG in 2005 which showed chronic lumbar radiculopathy. A lumbar MRI was done in July 2004 which showed several levels of bulging disks. The Patient had a required medical examination on July 1, 2004. The examiner held The Patient had positive Waddell's signs for every examination tested. The Patient was also inconsistent with a Beck depression Test. From the results of this test, The Patient had a 93% chance that further therapy will be of no benefit. He also noted that The Patient felt quite comfortable in his disabled role. The Patient was evaluated by a spine surgeon for possible surgery, but The Patient wanted no further surgery. There was also a psychological evaluation done on July 22, 2005.

DISPUTED SERVICE (S)

Under dispute is the prospective and/or concurrent medical necessity of Pain management program (20 sessions).

DETERMINATION / DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

The Patient exhibits multiple Waddell's signs. The Patient also had a very inconsistent Beck depression test. In The Reviewers medical opinion, The Patient is not a good candidate for any therapy, including a chronic pain management program. The Patient shows significant evidence of symptom magnification. This would be strong evidence that The Patient is malingering.

Screening Criteria

1. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

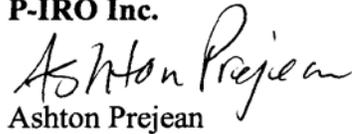
CERTIFICATION BY OFFICER

P-IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. P-IRO has made no determinations regarding benefits available under the injured employee's policy.

As an officer of P-IRO Inc., I certify that there is no known conflict between the Reviewer, P-IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

P-IRO is forwarding by mail or facsimile, a copy of this finding to the DWC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,
P-IRO Inc.



Ashton Prejean
President & Chief Resolutions Officer

Cc: [Claimant]

Positive Pain MGMT
Attn: Kelly Bates
Fax: 972-487-1916

Transcontinental Ins. Co.
Attn: Deborah Womack
Fax: 214-220-5614

Dr. Paul Vaughan
Fax: 214-631-7558

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.

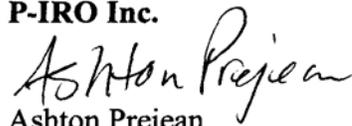
The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

I hereby certify, in accordance with DWC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, patient (and/or the patient's representative) and the DWC via facsimile, U.S. Postal Service or both on this 18th day of November 2005.

Name and Signature of P-IRO Representative:

Sincerely,

P-IRO Inc.



Ashton Prejean

President & Chief Resolutions Officer