



NOTICE OF INDEPENDENT REVIEW DECISION

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November 3, 2005

Amended Letter: November 11, 2005

Requestor

Positive Pain Management
ATTN: Kelly Bates
2301 Forest Lane, Ste 400
Garland, TX 75042

Respondent

Indemnity Insurance Co. of North
America c/o Flahive, Odgen & Latson
ATTN: Katie Foster
505 W. 12th St.
Austin, TX 78701

RE: Claim #: _____
Injured Worker: _____
MDR Tracking #: M2-06-0103-01
IRO Certificate #: IRO4326

TMF Health Quality Institute (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Division of Workers' Compensation (DWC) has assigned the above referenced case to TMF for independent review in accordance with DWC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. The TMF physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and the provider, 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 IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a work-related injury on ____ when she slipped on a greasy ramp at work resulting in injuries to her head, low back, and sacral spine. Treatment has included medications, physical therapy, and chiropractic care.

Requested Service(s)

Pain management program 20 day program 160 hours

Decision

It is determined that the pain management program 20 day program 160 hours is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The current medical literature states "...that there appears to be little scientific evidence for the effectiveness of multidisciplinary bio-psychosocial rehabilitation compared with other rehabilitation facilities..."¹ In addition, 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.² Based on those studies, and absent any documentation that a proposed chronic pain management program (CPMP) would be beneficial, it is deemed medically unnecessary.

More importantly, the previously attempted individual counseling, biofeedback sessions, physical therapy, and rehabilitation treatments had within them the self help strategies, coping mechanisms, exercises and modalities that are inherent in and central to the proposed CPMP. 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 the repeating unsuccessful treatment, the CPMP is medically unnecessary.

Moreover, a CPMP is not medically indicated until such time as all other indicated therapies have been attempted and failed. Upon review of the medical record documentation submitted in this case, there is no indication that chiropractic spinal manipulation had ever been attempted. According to the AHCPR³ guidelines, spinal manipulation is the only treatment that can relieve symptoms, increase function and hasten recovery for adults with acute low back pain, and JMPT⁴ reported that spinal manipulation may be the only treatment modality offering broad and significant long-term benefit for patients with chronic spinal pain syndromes. Based on those research findings, it is not understood why a doctor of chiropractic would continue to perform non-recommended therapies, while at the same time withhold a proper regimen⁵ of spinal manipulation, which is the recommended and clearly indicated for of care for this type of injuring in this case.

This decision by the IRO is deemed to be a DWC 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.

¹ Karjalainen, K, Malmivaara A, van Tulder M, Roine R, Jaunhained M, Hurri H, Koes B. Multidisciplinary biopsychosocial rehabilitation for neck and shoulder pain among working age adults. Cochran Database Sys Rev. 2003;(2):CD002194

² Karalainen K, et al. Multidisciplinary rehabilitation for fibroyalgia and musculoskeletal pain in working age adults. Cochrane Database of Systematic Review 2000;2.

³ Bigos S., Bower O., Braen G., et al. Acute Low Back Problems in Adults. Clinical Practice Guideline No. 14. AHCPR Publication No. 95-0642. Rockville, MD: Agency for Health Service, U.S. Department of Health and Human Services. December, 1994.

⁴ Muller, R. Giles, G.F. J Manipulative Physiol Ther 2005;28:3-11

⁵ Haas M, Group E, Kraemer DF. Dose-response for chiropractic care of chronic low back pain. Spine J. 2004 Sep-Oct;4(5):574-83. "There was a positive, clinically important effect of the number of chiropractic treatments for chronic low back pain on pain intensity and disability at 4 weeks. Relief was substantial for patients receiving care 3 to 4 times per week for 3 weeks."

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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.

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Department of Insurance, Division of Workers' Compensation, P.O. Box 17787, Austin, Texas, 78744, Fax: 512-804-4011.

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

Sincerely,



Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm

Attachment

cc: _____, Injured Worker
Program Administrator, Medical Review Division, DWC

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 3rd day of November 2005.

Signature of IRO Employee:

Printed Name of IRO Employee:

Information Submitted to TMF for Review

Patient Name: ____

Tracking #: M2-06-0103-01

Information Submitted by Requestor:

- Letter of appeal
- Letter for Bunch & Associates
- Office notes
- Letter from Positive Pain Management
- SRS denial
- Letter from Dr. Blauzvern
- Copies of email
- Radiology reports
- Neuro consultation with EMG/NCV
- Psychotherapy notes
- Physical performance evaluation
- Treatment plan
- Biomechanical report
- Investigative report
- Designated Doctor Evaluation
- Operative Report
- RMF Review of medial H&P
- PT notes

Information Submitted by Respondent:

- Letters from attorneys
- Table of disputed services
- Denial letters