



Specialty Independent Review Organization, Inc.

November 15, 2005

DWC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ____
DWC #: ____
MDR Tracking #: M2-06-0141-01
IRO #: 5284

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

Specialty 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.

This case was reviewed by a licensed medical doctor with a specialty in anesthesia and pain management. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

According to the medical records, Ms ____ suffered a work related injury to her cervical, thoracic and lumbar spine and arm, hand and both wrists. She underwent psychological treatment for depression as well as 20 days of inter disciplinary pain rehab with improvement

RECORDS REVIEWED

The following records represent the records as received from both the requestor, respondent and the treating doctor:

River bend behavioral healthcare dated 6/22/04
Tri city Chiropractic 1/07/05 to 8/18/05

Robert Ippolito, MD 11/18/03
Gaston Machado, MD 6/14/04
Arthur Sarris, MD, 1/12/2005
Vista Hospital of Dallas 9/13/04
Phil Bohart, MS 9/13/04
Jack Kern, MD 11/17/04

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a chronic pain management program X 10 days/sessions (80 hours).

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

Unfortunately, the medical records have not established the medical necessity of the proposed treatment. This type of treatment would be considered a tertiary phase of treatment. The patient is unlikely to present any significant improvement with further sessions of this program. According to established medical guidelines, the proposed treatment will not provide any future medical benefit at this time.

REFERENCES

- (1) Albright, et al (including Philadelphia and Ottawa Panel Members). *Philadelphia Panel Evidence-Based Clinical Practice Guideline on Selected Rehabilitation Interventions for Low Back Pain*. Physical Therapy. 81(10). Oct. 2001.
- (2) A Placebo-Controlled Randomized Clinical Trial of Nortriptyline for Chronic Low Back Pain. Atkinson JH, Slater MA, Williams RA, et al. *Pain*. 1998; 76 (3): 287-96.
- (3) Effects of Noradrenergic and Serotonergic Antidepressants on Chronic Low Back Pain Intensity. Atkinson JH, Slater MA, Wahlgren DR, et al. *Pain*. 1999; 83(2): 137-45.
- (4) Co morbid Psychiatric Disorders and Predictors of Pain Management Program Success in Patients with Chronic Pain. Workman EA, Hubbard JR, Felker BL. (Records supplied by publisher). Aug 2002. 4(4) p. 137-140.
- (5) Minder, et al. *Interferential therapy: lack of effect upon experimentally induced delayed onset muscle soreness*. Clin Physiol Funct Imaging. 22(5): 339-47. Sept. 01, 2002.

(6) ACOEM (American Academy of Occupation and Environmental Guidelines).

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest between that provider 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 IRO.

Sincerely,

Wendy Perelli, CEO

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.

Sincerely,

Wendy Perelli, CEO

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, claimant (and/or the claimant's representative) and the via facsimile, U.S. Postal Service or both on this 15th day of November 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli