

December 2, 2005

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-06-0192-01

CLIENT TRACKING NUMBER: M2-06-0192-01 / 5278

AMENDED REVIEW 12/05/05

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIOA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). 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.

Records Received:

RECORDS RECEIVED FROM THE STATE:

Notification of IRO Assignment dated 11/16/05, 6 pages

Individual Psychotherapy notes - 10 sessions - 10/20/04 to 1/18/05, 10 pages

Treatment Summary 2/3/05. 3 pages

Clinical Re-Evaluation 8/30/05, 6 pages

Psychological Issue and Symptoms Checklist 8/21/05, 1 page

Denial recommendation 9/8/05, 9/18/05, 5 pages

Multi-disciplinary Conference Notes, 2 pages

Nassau Bay Rehab Notes, 9/19/05, 5 pages

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RECORDS RECEIVED FROM DR. SUHAIL AL-SAHLI DC:

Texas Workers' compensation Work Status Report 10/4/05, 1 page
EMG study 5/20/04, 1 page
Texas Pain Solutions office evaluations 4/30/04, 10/28/05, 5 pages
RME report 9/6/05, 4 pages
William R. Francis Jr MD's note 11/14/05,
Operative note 11/16/04, 3 pages
Vocational Counseling Note 9/19/05, 1 page

RECORDS RECEIVED FROM AMERISURE MUTUAL INS CO:

MRI of the lumbar spine 10/8/03, 2 pages
Island Health Center notes 10/6/03, 10/10/03, 11/25/03, 12/2/03, 12/4/03, 12/11/03, 10/10/03,
10/13/03, 10/15/03, 11/20/03, 6 pages
Coastal Therapy Notes, 10/16/03, 10/21/03, 10/21/03-10/24/03, 10/27/03-10/31/03, 11/19/03-
11/21/03, 11/4/03-11/7/03, 11/11/03-11/14/03, 9 pages
Work Status Reports, 10/8/03, 11/18/03, 12/11/03, 10/17/03, 11/3/03, 11/11/03, 3/2/04,
3/31/04, 4/26/04, 7/27/04, 8/12/04, 2/21/05, 3/16/05, 12 pages
Dr. Terry Siller's Office Notes, 12/10/03, 10/16/03, 10/31/03, 11/10/03, 11/17/03, 1/28/04,
2/24/04, 11 pages
Lumbar myelogram report 12/9/03, 2 pages
Operative report 2/9/04, 3/15/04, 4/19/04, 5/25/04, 6/22/04, 8/17/04, 12 pages
Dr. Sevilla's History and Physical 5/23/04, 4 pages
Designated Doctor Evaluation report 3/31/04, 8/12/04, 15 pages
Dr. Garcia office notes, 3/31/04, 1 page
Dr. Al-Sahli office notes, 4/2/04, 4/5/04, 4/7/04, 4/9/04, 4/26/04, 4/28/04, 4/30/04, 5/5/04,
5/7/04, 5/10/04, 5/12/04, 5/14/04, 5/17/04, 5/19/04, 5/21/04, 5/24/04, 5/28/04, 6/2/04,
6/4/04, 6/7/04, 6/9/04, 6/11/04, 6/14/04, 6/16/04, 6/18/04, 6/21/04, 6/25/04, 6/24/04,
6/28/04, 7/1/04, 7/2/04, 7/7/04, 7/9/04, 7/12/04, 7/14/04, 7/16/04, 7/19/04, 7/21/04,
7/23/04, 7/27/04, 7/28/04, 7/30/04, 8/2/04, 8/4/04, 8/6/04, 8/9/04, 8/11/04, 8/13/04,
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9/15/04, 9/17/04, 9/20/04, 9/22/04, 9/24/04, 9/29/04, 9/30/04, 10/1/04, 10/4/04, 10/7/04,
10/8/04, 10/12/04, 10/14/04, 10/20/04, 10/22/04, 10/29/04, 11/3/04, 1/18/05, 1/28/05,
2/3/05, 2/11/05, 2/10/05, 2/18/05, 2/16/05, 2/21/05, 3/11/05, 3/16/05, 3/18/05, 4/4/05,
3/25/05, 5/16/05, 5/4/05, 5/6/05, 5/27/05, 6/10/05, 6/15/05, 6/17/05, 6/20/05, 6/22/05,
6/24/05, 6/27/05, 6/29/05, 7/1/05, 7/6/05, 7/8/05, 7/11/05, 7/13/05, 7/14/05, 7/19/05,
7/22/05, 7/26/05, 8/1/05, 8/3/05, 8/5/05, 8/8/05, 8/10/05, 8/12/05, 8/15/05, 9/9/05, 124 pages
Texas Pain Solutions notes, 4/30/04, 5/21/04, 6/4/04, 7/2/04, 7/16/04, 7/30/04, 8/13/04,
8/27/04, 9/10/04, 9/20/04, 10/8/04, 10/22/04, 1/28/05, 2/21/05, 2/25/05, 4/1/05, 4/29/05,
5/27/05, 7/8/05, 8/5/05, 9/2/05, 41 pages
Dr. Allon notes 5/20/04, 2 pages
Concentra Activity Reports, 6/15/04, 7/1/04, 7/2/04, 9/3/04, 9/9/04, 10/13/04, 5/31/05, 6/23/05,
9/15/05, 8/22/05, 10/3/05, 19 pages
Dr. Kevin White's Notes, 6/23/04, 8/30/04, 6/16/05, 8 pages
Letter of medical necessity for EMS unit dated 7/20/04, 2 pages

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NBC Healthcare Center Notes 8/6/04, 8/11/04, 8/16/04, 2/2/05, 5 pages

Clinical Interview 10/1/04, 5 pages

Nassau Bay Rehab Treatment Summary 10/20/04, 10/29/04, 11/3/04, 11/22/04, 12/1/04, 1/5/05, 1/14/05, 1/18/05, 1/26/05, 2/3/05, 10/1/04, 18 pages

Twelve Oaks Medical Center Hospital Inpatient Chart 11/2004, 184 pages

Concertra initial evaluation, 12/28/04–5/12/04, 18 pages

Dr. LoMonaco's Clinic Notes 12/28/04, 1/14/05, 1/27/05, 4 pages

Dr. William Francis notes 3/23/05, 4/20/05, 6/22/05, 8/10/05, 10/11/05, 9 pages

Aqua Therapy Initial Evaluation and Letter of Medical Necessity, 3/25/05, 4/21/05, 7 pages

Aqua Therapy Daily Progress Notes, 3/18/05–6/10/05, 29 pages

Appeal letter from NBC Health Center dated 4/18/05, 5/22/05, 10 pages

Psychological Issue and Symptoms Checklist, 8/21/05, 1 page

Indications for Chronic Pain Management

Exercise Sheets, 8/22/05–9/2/05, 26 pages

RME 9/6/05,

Vocational Assessment, 8/31/05, 5 pages

Vocational Counseling Notes and exercise sheets 9/19/05–9/23/05, 35 pages

Biofreeze article, 3 pages

Summary of Treatment/Case History:

The claimant is a 46 year old gentleman who allegedly suffered a workplace injury on ____.

Subsequently he developed low back pain which radiated down his right leg to the right foot. He had a previous history of a back injury and an L5–S1 laminectomy 20 years previously, whose symptoms resolved completely. He has undergone conservative treatment and facet joint injections. He underwent a revision of the previous laminectomy and PLIF at L5S1 on 11/16/04. He was readmitted to the hospital in December, 2004 for persistent non-healing wound and wound infection. Subsequently, his pain has continued despite physical and psychological treatment and medications. Pinprick sensation was decreased in a patchy pattern in L3–S1 dermatomes, but the remainder of the neurological examination is normal. Straight leg raising tests were negative.

Questions for Review:

1. Item(s) in dispute: Pre-Authorization request denied for Chronic Pain management x 20 sessions. Please review for medical necessity.

Explanation of Findings:

1. Item(s) in dispute: Pre-Authorization request denied for Chronic Pain management x 20 sessions. Please review for medical necessity.

The requested 20 sessions of chronic pain management are medically necessary. The claimant suffered a workplace injury with subsequent repeated spinal surgery. He has also suffered from a postoperative wound infections and prolonged convalescence, which has resulted in psychological difficulties as well as severe physical deconditioning. He clearly meets all of the usual selection criteria for a chronic pain management program, listed below. Therefore, a 20 day pain management program is medically necessary.

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Conclusion/Decision to Certify:

Certify the requested 20 day pain management program as medically necessary.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

The usual selection criteria for a multidisciplinary chronic pain management program are:

1. Referral for entry has been made by the primary care physician/attending physician; and
2. Patient has experienced chronic non-malignant pain (not cancer pain) for 6 months or more; and
3. The cause of the patient's pain is unknown or attributable to a physical cause, i.e., not purely psychogenic in origin; and
4. Patient has failed conventional methods of treatment; and
5. The patient has undergone a mental health evaluation, and any primary psychiatric conditions have been treated, where indicated; and
6. Patient's work or lifestyle has been significantly impaired due to chronic pain; and
7. If a surgical procedure or acute medical treatment is indicated, it has been performed prior to entry into the pain program.

References Used in Support of Decision:

Patrick, L E, et al. (2004). Long-term outcomes in multidisciplinary treatment of chronic low back pain: results of a 13-year follow-up. Spine 29:850-5

Skouen, J S, et al. (2002). Relative cost-effectiveness of extensive and light multidisciplinary treatment programs versus treatment as usual for patients with chronic low back pain on long-term sick leave: randomized controlled study. Spine 27:901-9; discussion 909-10

Guzman, J, et al. (2002). Multidisciplinary bio-psycho-social rehabilitation for chronic low back pain. Cochrane Database Syst Rev CD000963

Turk, D C (2001). Combining somatic and psychosocial treatment for chronic pain patients: perhaps 1 + 1 does = 3. Clin J Pain 17:281-3

The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the national board of medical examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the DWC.

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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.

Chief Clerk of Proceedings / Appeals Clerk
P. O. Box 17787
Austin, TX 78744

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

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc: Requestor
Respondent