

P – IRO

An Independent Review Organization
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January 4, 2006

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

Delivered via Fax

Patient / Injured Employee

TDI-DWC #

MDR Tracking #:

M2-06-0224-01

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 Provider board certified and specialized in Clinical Psychology. 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: Letter, McAllen Neurosurgical Center, Humberto Tijerina, M.D., dated 11/11/04

Letter, Valley Total Healthcare Systems, Julia Ramirez, L.P.C., dated 3/21/05

Work Hardening Program Evaluation, Fergus Dowling, L.P.T., dated 3/21/05

CLINICAL HISTORY

___ is a 31 year old man who sustained a herniated lower back disc (as evidenced by X-ray and MRI) on ___ while lifting 200 lbs. of steel. Mr. ___ was on the job as a construction worker. As a result of this injury, The Patient underwent extensive physical therapy (chiropractic adjustments, e-stim, ultrasound, massage, exercise, stretching, heat/ice therapy, topical analgesics) and ultimately had low back surgery with Dr. Tijerina on 11/2/04 (lumbar laminectomy with discectomy of L5-S1). The Patient participated in post-op physical therapy with Dr. Tijerina and participated in work conditioning and work hardening. The Patient has not been able to return to work. Due to the protracted nature of this disability (i.e., 15 months) The Patient was referred to Valley Total Healthcare Systems for psychosocial assessment. On 3/21/05 The Patient was diagnosed with (307.89) chronic pain disorder with both psychological features and general medical conditions related to the ___ work injury (724.4; 722.10; 724.2).

DISPUTED SERVICE (S)

Under dispute is the prospective and/or concurrent medical necessity of 6 sessions of individual psychotherapy.

DETERMINATION / DECISION

The Reviewer disagrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

It has been accepted for over a decade that a number of well-defined behavioral interventions are effective in the treatment of protracted, chronic pain.^{1,2} The biopsychosocial program proposed by Valley Total Healthcare Systems for treating The Patient would increase emphases on Mr. ___'s experience of his disease state and balance his anatomic-physiologic needs with his psychosocial needs. Of six factors identified to correlate with treatment failures of low back pain, all are psychosocial.⁴ Mr. ___ was recommended for behavioral medicine by his treating physician because conventional and accepted means of "physical" pain management have not allowed him to go back to work. It has been determined by The Patient mental health care professionals that a specified course of psychological intervention should give The Patient some pain relief and a better outlook on his future,³ with the ultimate goal a return to his prior level of functioning (i.e., the ability to work and support his family). The Patient's mental health care provider is requesting 6 IPT sessions to satisfy rule DWC 134.1001(C)(1)(A) on Entitlement to Medical Benefits stating "An employee who sustains a compensable injury is entitled to all health care reasonably required by the nature of the injury as and when needed."

Screening Criteria

1. Specific:

Magni, G., Marchetti, M., Moreschi, C., Merskey, H., Luchini, S.R. (1993). Chronic musculoskeletal pain and depressive symptoms in the national health and nutrition examination. I. Epidemiologic follow-up study. *Pain*, 53: 163-8.

² Astin, J. A., Shapiro, S.L., Eisenberg, D.M., Forsys, K.L. (2003). Mind-body medicine; state of the science, implications for practice. *J Am Board Fam Pract*, 16, 131-147.

³ Rainville, P. (2002). Brain mechanisms of pain affect and pain modulation. *Curr Opin Neurol*, 12, 195-204

⁴ Morley, s., Eccleston, C., Williams, A. (1999). Systematic review and meta-analysis of randomized controlled trials of cognitive behavior therapy and behavior therapy for choronic pain in adults, excluding headache. *Pain*, 80, 1-13

2. 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 literature 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.

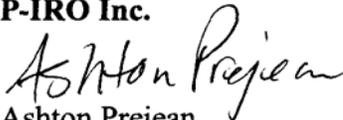
CERTIFICATION BY OFFICER

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: Valley Total Healthcare System
Attn: Nick Kempisty
Fax: 214-943-9407

Dallas Fire Ins. Co.
Attn: Steven Backhaus
Fax: 972-692-5115

Humberto Tijerina
Attn: Medical Records
Fax: 956-630-2292

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.

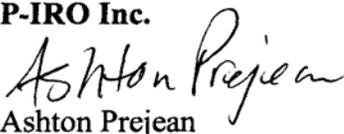
If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the 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 4th day of January 2005.

Name and Signature of P-IRO Representative:

Sincerely,
P-IRO Inc.



Ashton Prejean
President & Chief Resolutions Officer