

December 2, 2005

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

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-06-0232-01

CLIENT TRACKING NUMBER: M2-06-0232-01 / 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:

Received from the State:

Notification of IRO Assignment, 11/10/05
TDI Case Assignment Letter, 11/10/05
Medical Dispute Resolution Request/Response, 10/14/05
Provider List
Table of Disputed Services
Denial letter, 9/22/05

Records from the Respondent:

Patient Referral Form, 7/15/05

(continued)

Evaluation note, 8/11/05
Initial Medical Evaluation, 8/24/05
Physical Performance Exam, 8/26/05
Preauthorization request letter, 8/29/05
MRI of lumbar spine, 7/15/05
Appeal letter, 9/14/05
Operative Report, 3/30/05
MRI of lumbar spine, 5/20/05
Precertification request letter, 5/18/05
Letter from Shelley Smith, 11/18/05
DWC 60 Addendum Position Statement Response to MDR

Records from the Requestor:

Physical Performance Exam, 8/26/05
Request for Pre-Authorization, 8/29/05
Prescriptions for Ultram, Soma and Amitriptyline, 8/24/05
Initial Medical Evaluation, 8/24/05

Records from Dr. A. Glen Haywood, DC

Lumbar spine x-rays, 7/8/03, 7/23/03
Dr. Haywood's Initial Report, 8/12/03
Dr. Haywood's Follow-up and Update Reports, ____, 9/22/03, 10/20/03, 11/13/03, 12/22/03, 1/19/04, 2/16/04, 3/9/04, 12/13/04, 5/31/05, 3/8/05, 8/15/05, 7/12/05, 8/1/05, 9/21/05, 11/3/05
FCE, 11/4/03
Dr. Lambert's notes, 3/19/04, 3/22/04, 3/25/04, 3/30/04, 4/6/04, 5/17/04, 6/15/04, 7/26/04, 8/23/04, 9/27/04, 11/1/04, 11/15/04
Dr. Pauza's New Patient Evaluation, 4/13/04
Dr. Winslow's notes, 3/22/04, 5/16/04, 5/17/04, 7/26/04, 11/1/04, 11/15/04
Dr. Pauza's followup notes, 8/16/04, 12/6/04
Team Meeting Summary, Allied Pain Management Clinic, 9/16/04
Letter from Dr. Pauza, 10/18/04
Waddell's Signs Sheet
MD Rehab evaluation forms
Employee's request to change treating doctors, 12/1/04
Letter from Dr. Lambert, 12/4/04
Physical Performance Evaluation, Mark Dodson, PT, 12/15/04
Letter from Dr. Haywood, 1/10/05
Dr. Williams's notes, 1/17/05
Letter from Dr. Pauza, 1/19/05
Report of MRI of the lumbar spine, 2/3/05
Myelogram report, 2/16/05
Report of post-myelogram CT, 2/16/05

(continued)

Preoperative note, Dr. Williams, 3/28/05
Operative Report, 3/30/05
Follow up notes, Dr. Williams, 4/15/05, 5/23/05, 7/15/05
Dr. McPhaul's evaluation note, 7/5/05
Electrodiagnostic test results, 7/7/05
Pain Management Fee Sheet, 8/11/05
Consent to Treat, 8/11/05
Beck Inventory, 8/5/05
McGill Pain Questionnaire, 8/11/05
Patient Referral and Intake Form, 9/10/05
Evaluation, George Esterly, LPC, 8/11/05
Request for Appeal, George Esterly, 9/14/05
Physical Performance Exam, 8/26/05

Summary of Treatment/Case History:

The claimant is a 44 year-old lady who allegedly suffered a workplace injury on ____. Subsequently she developed low back pain that radiated to her left leg. She was initially treated with extensive chiropractic treatment and epidural steroid injections. After about 18 months, a followup MRI revealed a herniated, extruded disc at L3-4 and she underwent a microdiscectomy at L3-4 on 3/30/05. Her pain resolved for about a month and then recurred. Subsequently, she has undergone further conservative treatment without resolution.

Pre-authorization was denied for Chronic Pain Management x 10 sessions, on the basis of medical necessity.

Questions for Review:

1. Please address medical necessity for the pre-authorization for Chronic Behavioral Pain Management x 10 sessions, which was previously denied.

Explanation of Findings:

The claimant appears to have a post-laminectomy syndrome, with significant pain and disability; however, there is no evidence in the chart of a proper psychological or psychiatric evaluation to assess the impact of psychological factors on her recovery. She has apparently had no psychological treatment. Lacking this, she does not meet the usual selection criteria for entry into a chronic pain management program.

Conclusion/Decision to Not Certify:

1. Please address medical necessity for the pre-authorization for Chronic Behavioral Pain Management x 10 sessions, which was previously denied.

The requested 10 days of a chronic behavioral pain management program is not medically necessary.

(continued)

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

Appropriate selection criteria for entry into 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

Haldorsen, E M, et al. (2002). Is there a right treatment for a particular patient group? Comparison of ordinary treatment, light multidisciplinary treatment, and extensive multidisciplinary treatment for long-term sick-listed employees with musculoskeletal pain. *Pain* 95:49-63

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.

(continued)

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.

1193609.1

Case Analyst: Valerie O ext 554

s120505r

cc: Requestor
Respondent