

December 27, 2005

[Claimant]

Re: **MDR #:** M2-06-0362-01 **Injured Employee:** ___
 DWC #: ___ **DOI:** ___
 IRO Cert. #: 5055 **SS#:** ___

TRANSMITTED VIA FAX TO:
TDI, Division of Workers' Compensation

Attention: ___
Medical Dispute Resolution
Fax: (512) 804-4868

REQUESTOR:
Fort Worth Healthcare Systems
Attention: Nick Kempisty
Fax: (214) 943-9407

RESPONDENT:
City of Bedford c/o FOL
Attention: Katie Foster
Fax: (512) 867-1733

TREATING DOCTOR:
Douglas Wood, DO

Dear Mr. ___:

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him 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 Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in Pain Management and Anesthesiology and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by Independent Review, Inc. 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.

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.

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 December 27, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/dd

REVIEWER'S REPORT M2-06-0362-01

Information Provided for Review:

DWC-60, Table of Disputed Services, EOB's

From Requestor:

- Correspondence
- Office Notes 06/30/05 – 09/08/05
- Functional Capacity 03/10/03 – 05/31/05
- Nerve Conduction 09/19/02
- Radiology 06/14/01 – 09/19/02

Information provided by Respondent:

- Correspondence
- Designated Review

Orthopedics:

- Office Notes ½ 03 – 05/01/03

Neuro-Surgery:

- Office Notes 04/11/02 – 06/20/02

Spine:

- Office Notes 01/27/03 – 11/24/03

Clinical History:

The patient is a 59-year-old male with an apparent work-related low back injury dated _____. He has been treated over the past 3 years with physical therapy, occupational therapy, exercise,

lumbar spine surgery including fusion, biofeedback, and psychological evaluation. He has apparently had little response to these modalities. No recent radiologic studies are presented.

He is treated with Norflex, Darvon, and Neurontin. Psychological evaluation reveals significant anxiety and depression.

Disputed Services:

Chronic pain management X ten sessions.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion services in dispute as stated above are not medically necessary in this case.

Rationale:

The professionals at Ft. Worth Healthcare Systems are indeed correct that multidisciplinary programs yield improved outcomes to intervention alone. Psychological and behavioral programs with group therapy are demonstrated to be part of better outcomes. A multidisciplinary approach implies maximizing treatment of different modalities. This means pharmacologic and psychological treatment be used in conjunction. Psychotropic medication, in particular antidepressants, should receive a trial in conjunction with the requested program. While reduced analgesics is always a goal, their use should be optimized.

Screening Criteria/Treatment Guidelines/Publications Utilized:

Pampallona, et al, in "Combined Pharmacotherapy and Psychologic Treatment for Depression," Archives of General Psychiatry 2004, Volume 61, pages 714-719, showed better outcomes when treatment was combined and including pharmacologic as well as psychologic modalities. The reader is also referred to Psychologic Approaches to Pain Management, A Practitioner's Handbook, authors Gatchel and Turk, editors New York Gilford Press, 1996.