Medical Review Institute of America, Inc.
America's External Review Network

MRIoA

January 11, 2006

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

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-06-0526-01
CLIENT TRACKING NUMBER: M2-06-0526-01 5278

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 case in question 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 existing 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, 12/30/05 – 2 pages
- Medical Dispute Resolution Request/Response, 12/30/05 – 5 pages
- Table of Disputed Services, undated – 1 page
- UniMed Direct LLC Review Determination, 11/21/05 – 1 page
- UniMed Direct LLC Review Determination, 12/7/05 – 1 page
- Letter from Hoffman Kelley, LLP to Texas Department of Insurance, 12/28/05 – 1 page

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Records Received from American Home Assurance Company:

- Letter from Arkansas Claim Management Inc to MRIoA, 1/6/06 – 1 page
- IRO Summary, undated – 2 pages
- UniMed Direct LLC Review Determination, 11/21/05 – 1 page
- UniMed Direct LLC Review Determination, 12/7/05 – 1 page
- Chronic Pain/Functional Restoration Programs, undated – 20 pages
- Employers First Report of Injury or Illness, 4/14/05 – 1 page
- Pain and Recovery Clinic of North Houston Initial Medical Report, 4/13/05 – 2 pages
- Texas Workers' Compensation Work Status Report, 4/13/05 – 1 page
- Concerta Medical Centers Transcription, 4/14/05 – 2 pages
- Concentra Medical Centers Physician Activity Status Report, 4/14/05 – 1 page
- Texas Workers' Compensation Work Status Report, 4/17/05 – 1 page
- North Houston Imaging Center Lumbar Spine Report, 4/14/05 – 1 page
- Dario Zuniga, MD History and Physical Examination, 4/26/05 – 2 pages
- Pain and Recovery Clinic of North Houston Subsequent Medical Report, 4/26/05 – 2 pages
- Texas Workers' Compensation Work Status Report, 4/26/05 – 1 page
- North Houston Imaging Center Lumbar Spine Report, 5/2/05 – 2 pages
- North Houston Imaging Center Pelvis Including Hips Report, 5/2/05 – 1 page
- Park Plaza Hospital Operative Report, 5/20/05 – 2 pages
- ECG, 5/20/05 – 1 page
- Park Plaza Hospital Anesthesia Record, 5/20/05 – 1 page
- Park Plaza Hospital Chest X-ray report, 5/20/05 – 1 page
- Pain and Recovery Clinic of North Houston Subsequent Medical Report, 6/30/05 –1page
- Texas Workers' Compensation Work Status Report, 6/30/05 – 1 page
- North Houston Imaging Center Electrodiagnostic Evaluation, 8/16/05 – 4 pages
- Memorial Compounding Pharmacy Letter of Medical Necessity, 9/12/05 – 3 pages
- Pain and Recovery Clinic of North Houston Subsequent Medical Report, 8/4/05 –2 pages
- Shanti Pain and Wellness Clinic, PA Assessment/Physical Examination, 8/26/05 – 4 pages
- Shanti Pain and Wellness Clinic PA Follow-Up Notes, 9/9/05 – 3 pages
- Texas Surgicom Operative Report, undated – 3 pages
- Renaissance Hospital Anesthesia Record, 9/15/05 – 1 page
- Pain and Recovery Clinic of North Houston Subsequent Medical Report, 9/20/05 –2 pages
- Texas Workers' Compensation Work Status Report, 9/20/05 – 1 page
- Denise Tarboff, MeD, LPC Mental Health Evaluation, 9/27/05 – 4 pages
- Shanti Pain and Wellness Clinic PA Follow-Up Notes, 10/7/05 – 3 pages
- Texas Surgicom Operative Report, 10/20/05 – 3 pages
- Renaissance Hospital Anesthesia Record, 10/20/05 – 1 page
- Anesthesia Patient Evaluation, 10/20/05 – 2 pages
- Pain and Recovery Clinic of North Houston Subsequent Medical Report, 10/25/05 –2 pages
- Texas Workers' Compensation Work Status Report, 10/25/05 – 1 page
- Shanti Pain and Wellness Clinic PA Follow-Up Notes, 11/4/05 – 3 pages
- Texas Surgicom Operative Report, 11/17/05 – 3 pages
- Anesthesia Patient Evaluation, 11/17/05 – 2 pages
- Letter of Medical Necessity from Dr. Shanti, 11/17/05 – 2 pages

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- Shanti Pain and Wellness Clinic PA Follow-Up Notes, 11/18/05 – 2 pages
- Physical Therapy Notes/Individual Psychotherapy Notes
- Pain and Recovery Clinic of North Houston Daily Progress Notes, 4/13/05-5/16/05 – 11 pages
- Pain and Recovery Clinic of North Houston Physical Therapy Evaluation, 9/19/05 – 2 pages
- Pain and Recovery Clinic of North Houston Daily Progress Notes, 9/19/05-11/28/05 – 15 pages
- Pain and Recovery Clinic of North Houston Individual Psychotherapy Progress Notes, 10/12/05-10/31/05 – 4 pages

Records Received from Dr. Dean McMillan:

- Pain and Recovery Clinic of North Houston Request for Reconsideration, 11/29/05 – 2 pages
- Pain and Recovery Clinic of North Houston Pre-Authorization Request, 11/16/05 – 3 pages
- Pain and Recovery Clinic of North Houston Summary Report and Request for Chronic Pain Program, 11/7/05 – 4 pages

Summary of Treatment/Case History:
The date of injury was ___. The patient's current diagnosis is low back pain and myofascial pain syndrome. Lumbar MRI 5/2/05 shows 1cm paracentral disc protrusion with osteophytic ridge causing marked stenosis. EMG 8/16/05 shows superimposed radiculopathy involving the right S1 nerve root. The patient has tried medications. The patient has tried ESI and trigger point injections.

Questions for Review:
Item(s) in dispute: Pre authorization request: 20 sessions of CPMP.

Explanation of Findings:
Item(s) in dispute: Pre authorization request: 20 sessions of CPMP.

The reviewer agrees with the denial. The main reason for these programs is to return a patient back to some form of vocation, and to wean off sedative and narcotic medications. There is no documentation stating that patient wants to return to some form of vocation. There is no clear-cut documentation supporting vocational planning. A patient needs to decide on this before they enter a program. With out a clear vocational goal the success of the programs are decreased.

Conclusion/Decision to Not Certify:
The 20 sessions of CPMP are not medically necessary.

References Used in Support of Decision:

1. Influence of an outpatient multidisciplinary pain management program on the health-related quality of life and the physical fitness of chronic pain patients [Record Supplied By Publisher] 2004 Mar 17; 3(1): 1 (ISSN: 1477-5751)
   Joos B; Uebelhart D; Michel BA; Sprott H
   Department of Rheumatology and Institute of Physical Medicine, University Hospital Zurich, Switzerland. haiko.sprott@usz.ch.
   BACKGROUND: Approximately 10 to 20 percent of the population is suffering from chronic

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pain. Since this represents a major contribution to the costs of the health care system, more efficient measures and interventions to treat these patients are sought. RESULTS: The development of general health and physical activity of patients with chronic pain was assessed in an interdisciplinary outpatient pain management program (IOPP). 36 patients with an average age of 48 years were included in the IOPP. Subjective assessment of well-being was performed at five time points (baseline, post intervention and 3, 6, and 12 months thereafter) by using standardized questionnaires. The study focused on the quality of life survey Medical Outcomes Study Short Form-36, which is a validated instrument with established reliability and sensitivity. In addition, the patients participated in physical assessment testing strength, power, endurance, and mobility. Prior to therapy a substantial impairment was found on different levels. Marked improvements in the psychological parameters were obtained by the end of the program. No success was achieved with regard to the physical assessments. CONCLUSION: Although many different studies have evaluated similar programs, only few of them have attained positive results such as improvements of general quality of life or of physical strength. Often no difference from the control group could be detected only some months after the intervention. In the present study no significant persistent improvement of well-being occurred. Possible reasons are either wrong instruments, wrong selection of patients or wrong interventions.

2. The American College of Occupational and Environmental Medicine Guidelines Chapter 6
   In general, intervention for treating pain should be time-limited and goal-oriented. Persons returning to work in six months or less after injury tend to have the best outcomes. Persons who have been out of work for a year or more tend to have poor return-to-work outcomes. Early detection of potential chronicity also may be an important step in defining early treatment approaches to treating pain or disability because early intervention may increase successful return to work.
3. The Management of Pain, John J. Bonica 3rd Edition 2001
4. Behavioral treatment for chronic low back pain: a systematic review within the framework of the Cochrane Back Review Group.
   Spine 2001 Feb 1; 26(3): 270-81 (ISSN: 0362-2436)
   van Tulder MW; Ostelo R; Vlaeyen JW; Linton SJ; Morley SJ; Assendelft WJ
   Institute for Research in Extramural Medicine, Free University, Amsterdam, The Netherlands. mw.van_tulder.emgo@med.vu.nl.
   STUDY DESIGN: A systematic review of randomized controlled trials. SUMMARY OF BACKGROUND DATA: The treatment of chronic low back pain is not primarily focused on removing an underlying organic disease but at the reduction of disability through the modification of environmental contingencies and cognitive processes. Behavioral interventions are commonly used in the treatment of chronic (disabling) low back pain. OBJECTIVES: To determine whether behavioral therapy is more effective than reference treatments for chronic nonspecific low back pain and which type of behavioral treatment is most effective. METHODS: The authors searched the Medline and PsychLit databases and the Cochrane Controlled Trials Register up to April 1999, and Embase up to September 1999. Also screened were references of identified randomized trials and relevant systematic reviews. Methodologic quality assessment and data extraction were performed independently by two reviewers. The magnitude of effect

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was assessed by computing a pooled effect size for each domain (i.e., behavioral outcomes, overall improvement, back pain-specific and generic functional status, return to work, and pain intensity) using the random effects model. RESULTS: Only six (25%) studies were high quality. There is strong evidence (level 1) that behavioral treatment has a moderate positive effect on pain intensity (pooled effect size 0.62; 95% confidence interval [CI] 0.25, 0.98), and small positive effects on generic functional status (pooled effect size 0.35; 95% CI: -0.04, 0.74) and behavioral outcomes (pooled effect size 0.40; 95% CI: 0.10, 0.70) of patients with chronic low back pain when compared with waiting-list controls or no treatment. There is moderate evidence (level 2) that a addition of behavioral component to a usual treatment program for chronic low back pain has no positive short-term effect on generic functional status (pooled effect size 0.31; 95% CI: -0.01, 0.64), pain intensity (pooled effect size 0.03; 95% CI:-0.30, 0.36), and behavioral outcomes (pooled effect size 0.19; 95% CI: -0.08, 0.45). CONCLUSIONS: Behavioral treatment seems to be an effective treatment for patients with chronic low back pain, but it is still unknown what type of patients benefit most from what type of behavioral treatment

5. Multidisciplinary biopsychosocial rehabilitation for subacute low back pain among working age adults.
   Cochrane Database Syst Rev 2000;(3): CD002193 (ISSN: 1469-493X)
   Karjalainen K; Malmivaara A; van Tulder M; Roine R; Jauhiainen M; Hurri H; Koes B
   Finnish Institute of Occupational Health, Topeliuksenkatu 41 aA, Helsinki, Finland. Kaija.Karjalainen@occuphealth.fi.

   BACKGROUND: Multidisciplinary biopsychosocial rehabilitation programs are widely applied for chronic low back pain patients. The biopsychosocial approach for low back pain could also be considered to prevent chronicity by carrying out the rehabilitation if the acute pain is prolonged. Nevertheless multidisciplinary treatment programmes are often laborious and long processes and require good collaboration between the patient, the rehabilitation team and the work place. By workplace visits and close relationship with occupational health care one might expect results in terms of patients working ability. OBJECTIVES: The objective of this systematic review was to determine the effectiveness of multidisciplinary rehabilitation for subacute low back pain among working age adults. SEARCH STRATEGY: The reviewed studies for this structured Cochrane review were identified from electronic bibliographic databases, the Science Citation Index, reference checking and consulting experts in the rehabilitation field. The original search was planned and performed for more broad area of musculoskeletal disorders. Trials on subacute low back pain were separated afterwards. SELECTION CRITERIA: From all references found in our original search we selected randomized controlled trials (RCTs) and non-randomized controlled clinical trials (CCTs). Trials had to assess the effectiveness of multidisciplinary rehabilitation for working age patients suffering from subacute low back pain (more than 4 weeks but less than 3 months). The rehabilitation program was required to be multidisciplinary, i.e.; it had to consist of a physician's consultation plus either a psychological, social or vocational intervention, or a combination of these. DATA COLLECTION AND ANALYSIS: Four blinded reviewers selected the randomized controlled trials and controlled trials that met the specified inclusion criteria. Two experts in the field of rehabilitation evaluated the clinical

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relevance and applicability of the findings of the selected studies to actual clinical use. Two other blinded reviewers extracted the data and assessed the main results and the methodological quality of the studies using standardized forms. Finally, a qualitative analysis was performed to evaluate the level of scientific evidence for the effectiveness of multidisciplinary rehabilitation. MAIN RESULTS: After screening 1808 abstracts, and the references of 65 reviews, we found only 2 relevant studies that satisfied our criteria on subacute low back pain. They were both considered to be methodologically low quality randomized controlled trials. The clinical relevance of included studies was sufficient. The level of scientific evidence for the effectiveness of multidisciplinary rehabilitation was moderate on subacute low back pain showing that multidisciplinary rehabilitation which includes workplace visit or more comprehensive occupational health care intervention helps patients to return to work faster, makes sick leaves less and alleviates subjective disability. REVIEWER'S CONCLUSIONS: We conclude that there is moderate evidence of positive effectiveness of multidisciplinary rehabilitation for subacute low back pain and workplace visit increases the effectiveness. But because this evidence is based on the trials that had some methodological shortcomings and several expensive multidisciplinary rehabilitation programmes are commonly used for common subacute low back problems, there is an obvious need for high quality trials in this field.
Update In: Update In: RefSource: Cochrane Database Syst Rev. 2003; (2): CD002193/PMID: 12804427

The physician providing this review is board certified in anesthesiology and pain medicine. The reviewer has received additional certification from the American Academy of Pain Management. The reviewer has experience as a director of anesthesia, and pain management at hospital and sports clinic facilities. The reviewer has been in active practice since 1994.

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, and the DWC.

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

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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.

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.

1201828.1
cc: Requestor and Respondent

Case Analyst: Jamie C ext 583