February 8, 2006

DWC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
DWC #:
MDR Tracking #: M2-06-0561-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty 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.

This case was reviewed by a licensed Medical Doctor with a specialty in Psychiatry. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

The patient is a 45-year-old male was diagnosed with pain disorder, major depression and complex regional pain syndrome. He was denied for a chronic pain program (20sessions) due to poor prognosis since his injury is 6 years old and he has not returned to work.

He injured his right wrist at work on ___. His job involved repetitive hand motions taping car wires. Initially diagnosed as tendonitis, he received an injection and medications. He then tried physical therapy and wore a splint. He eventually had surgery on 9/9/1999 to release first dorsal compartment. The diagnosis then was DeQuervian's tenosynovitis. His treatment from 2000 through 2003 is unclear. There are notes stating he saw several physicians during this time. He

was referred for a chronic pain program in November 2003 but his was denied. He continues to have pain, weakness and loss of use of his right hand. A plastic surgery consult on 1/14/2004 disagreed with the diagnosis of tenosynovitis and suggested he may have sympathetic dystrophy. A separate plastic surgery consult recommended biofeedback and extensive therapy (3-4 weeks).

He had stellate ganglion blocks in September 2004. A functional capacity exam in December 2004 found him disabled from his job and recommended a work hardening program. This was denied by insurance. It is presumed the denials are based in part on a medical report that his injury had resolved. Dr. Obermiller's 3/15/2005 report stated "There are no significant objective tests that indicate the claimant has any current pathology." His treating physicians disagreed. A psych evaluation on 3/4/2005 showed anxiety and depression. By 11/29/2005 he has some partial relief of symptoms from medications which were Lyrica, Celebrex, Tramadol and Effexor. An evaluation at the South Texas Chronic Pain Institute advised a trial of 20 sessions of outpatient pain management.

RECORDS REVIEWED

1. Corvel letters 12/1/2005 and 12/8/2005
2. Dr. Obermiller evaluation 3/15/2004
3. South Texas Chronic Pain Institute evaluation 11/23/2005
4. South Texas Chronic Pain Institute letter 12/2/2005
5. Dr. Panday note 9/21/1999 and letter 6/22/2000
6. Dr. Seif note 1/14/2004
7. Dr. Moncada note 1/8/2004
8. Dr. Perez notes 1/19, 10/11, 11/10, 11/29 and 12/21/2005
9. X-ray report 5/24/2000
10. Bone Scan report 5/4/2000
11. Dr. Cook report 12/16/2004
12. Dr. Rosales report 6/11/2003

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of 20 sessions of a chronic pain management program.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that the rationale of previous denials due to possible "poor prognosis" does not adequately address medical necessity in this case. The facts are that he has chronic pain and has been denied potentially helpful treatments. The denial of treatments can in part explain his

slow progress. The various medications, physical therapy, surgery and injections have only partially helped. He still has pain and loss of mobility. It very well could be that he will have chronic pain indefinitely. For the reason alone he should have access to a pain program designed to help him cope with the chronic pain. The 20 sessions of a pain program are medically necessary to help him deal with the pain.

REFERENCES

American Psychiatric Association Practice Guidelines

Aronoff, Gerald. Evaluation and Treatment of Chronic Pain, Third Edition. Baltimore: Williams & Wilkins, 1999.

Robbins H A prospective one-year outcome study of interdisciplinary chronic pain management: compromising its efficacy by managed care policies.Anesth Analg. 2003; 97(1):156-62

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that 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.

Sincerely,

Wendy Perelli, CEO

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.

Sincerely,

Wendy Perelli, CEO

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, claimant (and/or the claimant's representative) and the Division via facsimile, U.S. Postal Service or both on this 8th day of February 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli