

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

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## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-0605-01
Name of Patient:	
Name of URA/Payer:	Insurance Co. of the State of PA
Name of Provider: (ER, Hospital, or Other Facility)	Trinity Injury & Pain Center
Name of Physician: (Treating or Requesting)	Michael Anderson, DC

February 13, 2006

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: Trinity Injury & Pain Center  
Michael Anderson, DC  
Division of Workers' Compensation

CLINICAL HISTORY

Documents Reviewed Included the Following:

1. Notification of IRO Assignment, Table of Disputed Services, Carrier EOBs
2. Carrier denial letters, dated 12/19/05 and 12/27/05
3. Requestor's "letter of medical necessity" letter, dated 12/29/05
4. Carrier's position letter, dated 1/18/06
5. Behavioral health assessment report, dated 9/19/05
6. Physical therapy notes
7. Synopsis by Requestor, dated 9/20/05
8. Physical performance evaluations, dated 9/16/05, 11/7/05, 12/6/05
9. Group therapy notes, multiple dates
10. Treating doctor of chiropractic office notes, multiple dates
11. Multidisciplinary treatment progress reports, multiple dates
12. Individual counseling, biofeedback and/or PPA appropriateness evaluation, dated 6/21/04
13. Functional capacity evaluation summary report, dated 5/13/04
14. Initial medical doctor's records, copies of prescriptions, and examinations, multiple dates
15. Medical consultation examinations and reports, dated 10/20/04 and 12/20/04
16. Medical examinations and reports, dated 7/18/04, 9/24/04, 10/1/04 and 12/31/04
17. Operative report, lumbar epidural steroid injection, dated 5/14/04
18. Pain management specialist evaluation and report, dated 4/23/04

19. Referral medical doctor's examination and report, dated 3/23/04
20. Lumbar myelogram and post-myelogram CT reports, dated 11/19/04
21. Lumbar plain film x-ray report, dated 11/19/04
22. Lumbar MRI and report, dated 1/22/04
23. Upper and lower extremity EMG/NCVs, dated 1/16/04.

Patient is a 43-year-old busboy for a major restaurant chain who, on \_\_\_\_, slipped on a floor covered with grease and water and fell, hitting his head and landing onto his back. He subsequently felt dizziness, lower back pain with radiation into legs, neck pain and headaches. He then received medical care, including medications, chiropractic care, including physical therapy and rehabilitation, epidural steroid injections, individual psychological counseling, and then most recently, has participated in 20 sessions of a chronic pain management program (CPMP). There has now been a request submitted for an additional 10 days of a CPMP.

#### REQUESTED SERVICE(S)

Preauthorization for an additional 10 days of a chronic pain management program (CPMP).

#### DECISION

Approved.

#### RATIONALE/BASIS FOR DECISION

Expectation of improvement in a patient's condition should be established based on success of treatment. Continued treatment is expected to improve the patient's condition and initiate restoration of function. If treatment does not produce the expected positive results, then it is not reasonable to continue that course of treatment. However, *with* documentation of improvement in the patient's condition and restoration of function, continued treatment may be reasonable and necessary to effect additional gains.

In this case, there was adequate documentation of both objective and functional improvement in this patient's condition to warrant continuation of the CPMP. Specifically, the patient's pain ratings significantly decreased over time, and his range of motion measurements, both spinal and extremity, increased to near normal.

Without question, the medical records fully substantiated that the first 20 days of CPMP fulfilled the statutory requirements<sup>1</sup> for medical necessity since the patient obtained relief, promotion of recovery was accomplished and there was an enhancement of the employee's ability to return to employment. Therefore, it is both reasonable and medically necessary to complete the program with an additional 10 days of a CPMP.

#### Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the 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.

### 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  
Division of Workers' Compensation  
P.O. Box 17787  
Austin, Texas 78744

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<sup>1</sup> Texas Labor Code 408.021

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Rule 102.4(h), 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 this 14<sup>th</sup> day of February, 2006.

Signature of IRO Employee: \_\_\_\_\_

Printed Name of IRO Employee: Cindy Mitchell