



Specialty Independent Review Organization, Inc.

February 13, 2006

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

Patient:
DWC #:
MDR Tracking #: M2-06-0611-01
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 Anesthesia and Pain Management. 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

This 58-year-old gentleman sustained a work related injury to his neck and right shoulder. He had MRI and plain films of his neck and shoulder. He had SLAP surgery performed. He completed 20 sessions of a chronic pain management program. He is currently taking Soma, Celebrex, Zoloft and Darvocet.

RECORDS REVIEWED

Records from Carrier:

TX Mutual Statement

Concentra Medical Center note from 6/22/04

Jacynth MRI and Dx Center-MRI of right shoulder, shoulder series and cervical series plain films

Fairmont Dx Center- Open MRI of c-spine

Med Center Amb Surgery-operative report by Dr. Ilahi

FCE 4/26/05

TWCC69

Dr. Lubor Jarolimek-notes

Pain and Recovery Center (PRC) of Houston- Dr. McMillan notes

Texas Mutual correspondence

Progress notes by Dr. Esses.

Records from the doctor/facility:

Shanti Pain and Wellness Center notes

PRC summary report

PRC pre-authorization request

PRC Dr. McMillan notes

REQUESTED SERVICE

The service in dispute is a 10 session chronic pain management program.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer notes that Guzman concludes that intensive multidisciplinary bio-psycho-social rehabilitation with a functional restoration approach improves pain and function as measured by return to work rates. Less intensive therapy did not show improvements in clinically relevant outcomes. There is no data to support the efficacy of repeat sessions above 20 sessions.

The newest version of the clinical guidelines by Sanders states: “the literature continues to support outpatient treatment for CPS patients whenever possible, with an upper limit of 20 total primary treatment days”

REFERENCES

Guzman et al Multidisciplinary bio-psycho-social rehabilitation for chronic low back pain (Cochrane review) in: the Cochrane Library, Issue 3, 2004. Chichester, UK: John Wiley and Sons, Ltd.

Sanders SH et al Evidence Based Clinical Practice Guidelines for Interdisciplinary Rehabilitation of Chronic Non-malignant Pain Syndrome Patients. Chattanooga (TN): Siskin Hospital for Physical Rehabilitation; 2005. p 41.

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 13th day of February 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli