



Specialty Independent Review Organization, Inc.

02/21/06

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

Patient:  
DWC #:  
MDR Tracking #: M2-06-0636-01  
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 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

According to the medical records, the patient was injured on \_\_\_ while working for Basic Industries in Corpus Christi on the night shift. The patient was working with a sandblaster and the hose got plugged up with the sand. This caused the pressure of air inside the hose to build up. The tip of the gun exploded causing him to be thrown backward and landing forcefully on his back. He had immediately onset of pain over the lumbar spine area. A coworker helped him up. The next day he went to the company Doctor where X rays were taken, medication prescribed and the patient was released back to work with restrictions.

He was sent to ER in Corpus Christi where an MRI was performed. Then he decided to return to his hometown of Brownsville, TX for medical treatment. Then the patient went to the Valley Day and Night Clinic where X rays were taken and medication prescribed. He then was referred

for physical therapy to Dr Anderson. After this he sought treatment from Dr Fernando Ortegon on April 7, 2003 who prescribed medications, ordered X rays and physical therapy.

On May 12, 2003 was sent for an MMI with Dr Gunda Kirk who found the patient not to be at MMI. On July 24, 2003 the patient sought the care of Dr Alton Perry since Dr Ortegon had passed away. Mr. \_\_\_ was sent for surgical consultation with Dr Fred Perez (Orthopedic Surgeon). On August 28, 2003 the patient underwent X rays of sacroiliac joints, and lumbar spine with Dr Rafath Quraishi which report showed: Mild Sacroilitis and Spondylolisthesis with bilateral pars-inter-articularis defect. EMG-NCV studies of lower extremities was performed on 08-28-03 by Dr Zuka Khabbaze with the following impression. There is electro-physiologic evidence indicative of mild right L5 and or S1 radiculopathy affecting Para spinal branch of nerve root only

Due to the persistence of symptoms with severe pain and radiation of pain to lower extremities the patient underwent anterior spinal fusion with SPANN cage, fusion L4-5 anteriorly and partial corpectomy of L4-L5 disc excision of L4-L5 performed by Dr Fred Perez on December, 17 2004. On 02-04-05 the patient underwent posterior lateral fusion, laminectomy of L4-L5 with pedicle screws to L4-L5 with right and left rods.

On February 11 2005 the patient was complaining of persistent pain lumbar spine 8/10 with radiation to the bilateral lower extremities he was given Darvocet and then started him on Vicodin HP and Ambien 10 mg. On February 25, 2005 the patient underwent a non-enhanced CT of the lumbosacral spine. The patient was still complaining of severe pain to the lumbar spine with the following impression:

- S/P fusion at the L4-L5 level
- Left side interpediculate pedicle within L4 traverses the medial aspects of the central spinal bony canal.
- Grade 1 Anteriorlisthesis of L4-L5
- S/P Laminectomy at the L4-L5 level

Mr. \_\_\_ was then prescribed Valium and Relafen 500 mg on April 12, 2005 as per Dr Perez. On September, 15 2005 an FCE was perform at Keystone Rehabilitation Center that showed the patient to be at sedentary light physical demand. Chronic pain assessment Consultation by Dr Eliza Garza Sanchez on November 10, 2005.

On 12-13-05 patient was evaluated by Dr Fernando Avila, M.D. who recommended left sacroiliac joint injection, and the patient underwent the procedure on 12-28-05. Then on 01-17-06 the patient was re-evaluated by Dr Avila who recommended the Right Sacroiliac joint injection that was performed on 01-25-06. Dr Fred Perez followed up the patient on 01-30-06- post injection; the patient reported a pain level of 5/10 with radiation of pain to the left lower extremity. The patient also stated the injections were providing relief of pain.

## RECORDS REVIEWED

### A. General Records

- Notification of IRO assignment dated 02/02/06
- Receipt of MDR Request dated 01-03-06
- Pre-authorization denial of 11-18-05
- Reconsideration denial of 12-02-05

### B. Records from the carrier

- Carrier's statement for IRO dated 02-08-2006
- Report of evaluation from Calallen Minor Emergency Center Corpus Christy dated 03-22-03
- CT Lumbar spine report from Spohn Health system Corpus Christy dated 02-22-03
- Report of Initial consultation from Medical Director at the Doctor's Center, J. Keith Rose M.D. Dated 04-10-03
- Operative report Mission hospital, anterior spinal fusion with SPANN cage, dated 12-17-04 Fred Perez M.D.
- Operative Report Mission Hospital, Posterior lateral fusion, pedicles screws to L4-L5 right and left with rods. Dated 02-04-05. Fred Perez M.D.
- Upper Valley Interventional radiology Ct Lumbar spine Report Dated-25-05
- Functional capacity Evaluation report from Keystone industrial Rehabilitation Center Dated 09-15-05
- Office note from Occupational Medical Group Gary Gulley P.A.-C dated 09-28-05
- Chronic Pain assessment Report from Eliza Garza M.D. dated 11-10-05
- Pre-authorization denial for chronic pain management dated 11-11-05
- X rays of Lumbar spine report dated 11-29-05 Mcallen North Imaging
- Office f/u visit notes dated 12-06-05- 12-21-05 Fred Perez M.D.
- Reconsideration denial for Chronic Pain Management dated 12-02-05
- Follow up Note from Fernando Avila M.D. Pain Management. Dated 12-13-05-01-17-06
- TWCC- 69 Report of Medical Evaluation by Alton Perry M.D. Dated 12-21-05
- Texas Department of Insurance Notice letter of approaching MMI dated 11-04-05
- Report of Medical evaluation By Alton Perry, M.D. Dated 12-21-05
- Report of procedure Left Sacroiliac Joint Injection dated 12-28-05- Right Sacroiliac Joint Injection dated 01-25-06 Fernando Avila, M.D.

### C. Records from the doctor

- Initial Pre-authorization denial for Chronic Pain Management dated 11-11-05
- Re-consideration denial letter for Chronic pain management dated 12-02-05
- Report X rays lumbar Spine from Advanced Medical Imaging Weslaco dated 08-26-03
- Report X Rays Sacroiliac Joints from Advanced Medical imaging Dated 08-26-03
- Report EMG-NCV Lower Extremities from Zuka Khabbaze, M.D. dated 08-28-03
- Report CT Lumbar spine Spohn Health system dated 03-22-03
- Report CT Post-op lumbar spine Dated 02-25-05
- Operative report anterior spinal fusion dated 12-17-04 Fred Perez, M.D.
- Follow up note from Dr James Key dated 08-19-05
- Follow up note from Fernando Avila, M.D.
- Operative Report posterior Lateral fusion dated 02-04-05
- Follow up note from Dr Fred Perez dated 04-20-05,08-11-05,11-17-05,12-06-05,12-21-05, 01-30-06
- Work status Report from Dr Fred Perez dated 11-17-05,12-06-05,12-21-05,01-30-06
- Chronic Pain assessment report from Eliza Garza Sanchez, M.D.Dated 11-10-05
- Report of Medical Evaluation from Dr Perry, Alton with TWCC-69 Dated 12-21-05
- F/U Note from occupational Medical Group dated 10-18-05 Gary Gulley P.A.-C
- Request for MDR Letter dated 01-03-06

### REQUESTED SERVICE

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

### DECISION

The reviewer agrees with the previous adverse determination.

### BASIS FOR THE DECISION

The reviewer states that the medical records have not established the medical necessity of the proposed treatment. There are many factors to consider when regarding this type of chronic pain program. Among these factors, the most important would be patient benefit. There is no doubt as to the patient's work injury or the chronicity of his injury. There is however significant doubt that this type of chronic pain management program would benefit Mr. \_\_\_ at this point in his treatment. The treatment plan delineated by South Texas Chronic Pain Institute include goals to target and change his emotional and functional dysfunctions which continue to impact upon his pain perceptions. This will be accomplished by educating him about the nature of pain and the

relationship among pain, suffering and disability. Treatment will target specific maladaptive thoughts, images, and feelings that are associated with emotional distress such as exaggerated perception of imminent danger or loss, poor self-esteem such as guilt and anger to combat demoralization. From a theoretical point of view, these goals would certainly benefit the patient; however, from a clinical standpoint, the reviewer feels that his limited progress and responses to date indicate that he would have a poor outcome from this type of treatment. He has presented a negative response to physical therapy.

South Texas Chronic Pain Institute placed the initial request in question on 11-10-05. They have requested 20 sessions of Multidisciplinary Outpatient Chronic Pain Management Program. The reviewer refers that the patient continues to experience pain to his lumbar spine. That he has undergone two separate back surgeries, physical therapy, used an EMS unit, pain injections, EMG studies, FCE and continues with pain and anti-inflammatory medication. Mr. \_\_\_ is currently functioning in the sedentary level. Mr. \_\_\_ presents a picture of chronic pain disorder accompanied with symptoms of anxiety and depression. There is evidence of difficulties with moodiness and sadness. Additionally, he has undergone active and passive treatment modalities for his physical pain and medical condition however his pain presentation has persisted beyond the expected the expected tissue healing time.

The reviewer does not agree that the patient is likely to benefit from the program. The reviewer feels that he has not responded to previous appropriate medical care, in part due to a persistent unstable spine. The patient underwent a right and left sacroiliac joint injection that helped somewhat with mobility and pain over the sacroiliac joints. The patient continues to experience lumbar pain with radiculopathy to left lower extremity, with associated numbness of left foot and difficulties in completing activities of daily living.

The patient had administered the McGill Pain Questionnaire, an inventory to assess the severity of pain in adults. He rated his typical pain level as 7/8, on a 0-10 scale, with 10 being the most severe pain. He describes his pain as throbbing, stabbing and sickening. He reports standing, walking, sitting and bending increase his pain level.

The Beck Depression Inventory (BDI), used to assess the severity of depression in adults, was also administered to Mr. \_\_\_. This scale was designed to assess the severity of depression in adults and is based on clinical observation and self-described symptoms. Mr. \_\_\_ obtained a total score of 8 placing him in the normal moods ups and downs.

The Burns Anxiety Inventory, used to assess the severity of anxiety in adults, was also administered. It is also based on clinical observations and self-described symptoms. Mr. \_\_\_ obtained a total score of 26 placing him in the Moderate Anxiety Range. There is no information available that any trial of individual psychotherapy or any specific regimen of medications has been attempted. This would be essential prior to undergoing a chronic pain management program in order to address his depression medically before utilizing a terminal point of treatment such as this proposed program.

The reviewer feels that the patient has undergone extensive treatment with no significant change in his clinical condition and the participation in this program is also very unlikely to cause a change in his pain or perception of pain. The reviewer does not feel that participation in this program will result in any ongoing progress towards recovery.

In summary, the reviewer doesn't find medical evidence that this program is indicated for the patient at this point. The indication for the program has not been individualized for this patient. TWCC guidelines state that the patient's response to treatment must be properly documented, however the precursor to this proposed program, the individual sessions and biofeedback, are not referenced or discussed. The instability of the lumbar spine needs to be addressed.

#### REFERENCES

(1) American academy of pain Management Guidelines

(2) Co morbid disorders and predictors of pain management program success in patients with chronic pain. Workman EA, Hubbard JR, Felker BL. (Records Supplied by publisher). Aug 2002. 4 (4) p. 137-140

(3) Occupational medicine handbook from OEM, general criteria

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 21 day of February 2006**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative: Wendy Perelli**