

February 17, 2006

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

CLAIMANT:

EMPLOYEE:

POLICY: M2-06-0649-01

CLIENT TRACKING NUMBER: M2-06-0649-01

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 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. 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:

FROM THE STATE:

Order for production of documents (undated) 1 page

Notification of IRO assignment 1/27/06 1 page

Texas Department of Insurance Division of Workers Compensation form 1/27/06 1 page

Medical dispute resolution request/response form 2 pages

Provider form 1 page

Table of disputed services 1 page

Letter from Sedgwick CMS to ___ 11/2/05 1 page

Fax to preauthorization department from America Martinez 10/27/05 1 page

Letter from Sedgwick CMS to Robert Bradley 11/28/05 2 pages

(continued)

Fax to preauthorization department from America Martinez 11/22/05 1 page

FROM THE REQUESTOR/C.M. Schade, MD:

Request for reconsideration from Dr. Bradley, PhD 11/21/05 1 page
Report of psychological evaluation 10/11/05 5 pages
Initial evaluation notes 9/20/04 2 pages
MRI right shoulder report 12/30/04 1 page
MRI cervical spine report 12/30/04 2 pages
Office consultation addendum notes 10/11/05 and 10/12/05 6 pages
Office consultation addendum notes 10/12/05 4 pages
Office consultation notes 10/21/05 4 pages
Office consultation notes 11/3/05 4 pages
Office consultation notes 11/22/05 4 pages
Office consultation notes 12/2/05 4 pages
Office consultation notes 1/6/06 5 pages
Worker's compensation follow up notes 1/17/05 1 page
Office consultation notes 1/26/06 4 pages

FROM THE RESPONDENT/Downs & Stanford PC:

Letter from Downs & Stanford to MRloA 2/10/06 2 pages
EMG from 2000 coversheet 1 page
EMG report 11/6/00 3 pages
Medical records form Orthopedic Specialists cover sheet 1 page
Evaluation report 9/16/03 2 pages
Evaluation report 2/3/04 2 pages
Right upper extremity electrodiagnostic consultation report 1/18/05 2 pages
Medical Records from Earl R. Lund, MD cover sheet 1 page
Note from Dr. Lund, MD 3/11/04 1 page
Note from Dr. Lund, MD 4/1/04 1 page
Note from Dr. Lund, MD 4/22/04 1 page
Medical Records From Churchill Evaluation Centers cover sheet 1 page
Letter from Dr. Mize, MD 8/25/04 3 pages
Supplemental information on ____ cover sheet 1 page
Review of Medical Records & Physical Exam report 8/25/04 4 pages
ARCON AIRS-impairment rating report 8/25/04 4 pages
Medical Records from Robert Bass, MD cover sheet 1 page
Consultation notes 8/6/04 2 pages
Work status report 1 page
Work status report 1 page
Worker's compensation follow up note 3/7/05 1 page
Medical Records from American Pain & Wellness cover sheet 1 page
Follow up evaluation notes 12/3/04 1 page
Follow up evaluation notes 1/3/05 1 page
Follow up evaluation notes 2/28/05 1 page
Follow up evaluation notes 3/28/05 1 page
Follow up visit notes 8/9/05 2 pages
(continued)

Medical Records form Presbyterian Hospital of Plano cover sheet 1 page

Radiology report 5/25/05 1 page

Notice of disputed issues and refusal to pay benefits report from Sedgwick CMS 6/2/3/05 1 page

Medical Records from Cherie Shew, RN cover sheet 1 page

Patient notes from Cherie Shew, RN 6/6/05 1 page

Patient notes from Cherie Shew, RN 6/27/05 1 page

Medical Records from David T. Hanks, PhD cover sheet 1 page

Operative report 8/1/05 1 page

Medical Records from Upper Extremity Specialists cover sheet 1 page

Progress note 1/13/05 3 pages

Progress note 2/10/05 3 pages

Medical Records form Texoma Rehabilitation and Sports Medicine Clinic cover sheet 1 page

Functional Capacity Evaluation report 9/16/05 6 pages

Medical Records from Hooman Sedighi, MD cover sheet 1 page

Independent medical examination notes 12/13/05 5 pages

Summary of Treatment/Case History:

The claimant is a 40 year old female who allegedly suffered a workplace injury on _____. Subsequently she has suffered from chronic neck, right shoulder and arm pain. She has undergone a rotator cuff repair of the right shoulder and an ACDF at C4-5 and C6-7. Despite this treatment and extensive conservative therapy, including physical therapy and medication management, she continues to have disabling pain.

Questions for Review:

1. Preauth denied for chronic pain management 8 hours a day 5 times a weeks for 4 weeks.

Explanation of Findings:

The claimant has exhausted surgical and normal conservative treatment for her pain. The only remaining therapeutic avenues are implanted devices (spinal cord stimulator or intrathecal opioid pump), treatment with titrated opioids, possibly at high doses or an intensive multidisciplinary pain management program. It would appear that the latter would be the preferable option at this point. The claimant satisfies the usual selection criteria for entry into such a program, listed below.

Conclusion/Decision to Certify:

1. Preauth denied for chronic pain management 8 hours a day 5 times a weeks for 4 weeks.

An initial 10 sessions of the requested multidisciplinary pain management program with concurrent review prior to certification of the remaining 10 sessions is being recommended for this patient, at this time.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

The usual selection criteria for entry into a multidisciplinary chronic pain management program are:

1. Referral for entry has been made by the primary care physician/attending physician; and
2. Patient has experienced chronic non-malignant pain (not cancer pain) for 6 months or more; (continued)

3. The cause of the patient's pain is unknown or attributable to a physical cause, i.e., not purely psychogenic in origin; and
4. Patient has failed conventional methods of treatment; and
5. The patient has undergone a mental health evaluation, and any primary psychiatric conditions have been treated, where indicated; and
6. Patient's work or lifestyle has been significantly impaired due to chronic pain; and
7. If a surgical procedure or acute medical treatment is indicated, it has been performed prior to entry into the pain program.

Texas Definition of Medical Necessity (Texas Labor Code §408.021):

An employee who sustains a compensable injury is entitled to all health care reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to health care that:

1. Cures or relieves the effects naturally resulting from the compensable injury;
2. Promotes recovery, or
3. Enhances the ability of the employee to return to or retain employment.

References Used in Support of Decision:

Patrick, et al. (2004). Long-term outcomes in multidisciplinary treatment of chronic low back pain: results of a 13-year follow-up. *Spine* 29:850-5.

Haldorsen, et al. (2002). Is there a right treatment for a particular patient group? Comparison of ordinary treatment, light multidisciplinary treatment, and extensive multidisciplinary treatment for long-term sick-listed employees with musculoskeletal pain. *Pain* 95:49-63.

Guzman, et al. (2002). Multidisciplinary bio-psycho-social rehabilitation for chronic low back pain. *Cochrane Database Syst Rev* CD000963.

Turk (2001). Combining somatic and psychosocial treatment for chronic pain patients: perhaps 1 + 1 does = 3. *Clin J Pain* 17:281-3.

The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the National Board of Medical Examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

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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. MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to 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 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.

cc: Requestor, Respondent

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Case Analyst: Cherstin B ext 597