

March 6, 2006

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

CLAIMANT: \_\_\_

EMPLOYEE: \_\_\_

POLICY: M2-06-0752-01

CLIENT TRACKING NUMBER: M2-06-0752-01

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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:**

Department of Insurance

Notification of IRO Assignment dated 2/14/06 - 2 pages

Received from Requestor

Medical Dispute Resolution Request/Response - 1 page

Table of disputed services - 1 page

Provider listing - 1 page

Requestors position regarding pre-authorization dated 1/23/06 - 7 pages

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Request for 20 day trial chronic pain management program dated 11/21/05 - 7 pages  
Review determination from UniMed Direct LLC dated 12/22/05 - 1 page  
Interdisciplinary pain treatment components - 1 page  
Chronic pain management program design - 3 pages  
Review determination from UniMed Direct LLC dated 12/22/05 - 1 page  
Chronic pain management interdisciplinary plan & goals of treatment dated 11/15/05 - 5 pages  
History and physical dated 11/15/05 - 2 pages  
Physical therapy evaluation and treatment plan dated 11/15/05 - 4 pages  
Functional abilities evaluation dated 11/15/05 - 10 pages  
Addendum dated 9/30/05 - 1 page  
Individual psychotherapy note dated 10/20/05 - 2 pages  
Case summary note dated 10/25/05 - 2 pages  
Online label record printed 2/15/06 - 1 page

Received from Respondent

Letter from Arkansas Claims Management, Inc. dated 2/22/06 - 1 page  
Independent Review Organization Summary dated 2/21/06 - 2 pages  
Chronic pain/functional restoration programs - 20 pages  
Employer's first report of injury or illness undated - 1 page  
Payment of compensation or notice of refused/disputed claim - 2 pages  
Letter from AR Claims Management, Inc. dated 10/29/04 - 1 page  
Letter from AR Claims Management, Inc. dated 10/19/05 - 1 page  
Discharge summary/instructions dated 5/15/04 - 3 pages  
Prescription dated 5/14/04 - 1 page  
Activity restrictions - 1 page  
General instructions - 2 pages  
Initial report dated 5/24/04 - 2 pages  
Texas Workers' Compensation Work status report dated 5/24/04 - 1 page  
Authorization for absence dated 6/2/04 - 1 page  
Texas Workers' Compensation Work status report dated 6/2/04 - 1 page  
Authorization for absence dated 6/9/04 - 1 page  
Texas Workers' Compensation Work status report dated 6/9/04 - 1 page  
Office note dated 6/21/04 - 1 page  
Texas Workers' Compensation Work status report dated 7/8/04 - 1 page  
Authorization for absence dated 6/23/04 - 1 page  
Texas Workers' Compensation Work status report dated 7/12/04 - 1 page  
Initial evaluation mechanism of injury and causation report dated 7/1/04 - 1 page  
Testing results form dated 7/1/04 - 1 page  
Team conference report dated 7/9/04 - 1 page  
Texas Workers' Compensation Work status report dated 7/26/04 - 1 page  
History and physical report dated 7/12/04 - 3 pages  
Texas Workers' Compensation Work status report dated 8/9/04 - 1 page  
Texas Workers' Compensation Work status report undated - 1 page

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Texas Workers' Compensation Commission Hearings Division decision and order report - 2 pages  
Benefit Review Conference report dated 8/18/04 - 2 pages  
Texas Workers' Compensation Work status report dated 9/6/04 - 1 page  
Texas Workers' Compensation Work status report dated 9/20/04 - 1 page  
Texas Workers' Compensation Work status report dated 10/4/04 - 1 page  
Texas Workers' Compensation Work status report dated 10/18/04 - 1 page  
Texas Workers' Compensation Work status report dated 10/25/04 - 1 page  
Texas Workers' Compensation Work status report dated 11/11/04 - 1 page  
Texas Workers' Compensation Work status report dated 11/1/04 - 1 page  
Texas Workers' Compensation Work status report dated 11/15/04 - 1 page  
Imaging report dated 11/3/04 - 1 page  
Preliminary diagnosis/problems shoulder report dated 11/3/04 - 1 page  
Shoulder treatment plan dated 11/3/04 - 1 page  
Evaluation and management (E&M) services dated 11/3/04 - 5 pages  
Texas Workers' Compensation Work status report dated 11/3/04 - 1 page  
History report dated 5/14/04 - 11 pages  
GDI functional testing report dated 11/4/04 - 6 pages  
Texas Workers' Compensation Work status report dated 11/28/04 - 1 page  
Preliminary diagnosis/problems shoulder report dated 11/17/04 - 1 page  
Shoulder treatment plan dated 11/17/04 - 1 page  
Evaluation and management (E&M) services dated 11/17/04 - 2 pages  
History report dated 11/17/04 - 18 pages  
Texas Workers' Compensation Work status report dated 12/15/04 - 1 page  
Preoperative history and physical dated 11/30/04 - 3 pages  
Laboratory reports dated 11/30/04 - 2 pages  
ECG report dated 11/30/04 - 1 page  
Preliminary diagnosis/problems shoulder report dated 12/1/04 - 1 page  
Shoulder treatment plan dated 12/1/04 - 1 page  
Evaluation and management (E&M) services dated 12/1/04 - 5 pages  
Preliminary diagnosis/problems shoulder report dated 12/1/04 - 1 page  
Shoulder treatment plan dated 12/1/04 - 1 page  
Texas Workers' Compensation Work status report dated 12/1/04 - 1 page  
History report dated 12/1/04 - 12 pages  
Texas Workers' Compensation Work status report dated 12/27/04 - 1 page  
Texas Workers' Compensation Work status report dated 1/10/05 - 1 page  
Imaging report dated 12/29/04 - 1 page  
Evaluation and management (E&M) services dated 12/29/04 - 1 page  
Preliminary diagnosis/problems shoulder report dated 12/29/04 - 1 page  
Shoulder treatment plan dated 12/29/04 - 1 page  
Texas Workers' Compensation Work status report dated 12/29/04 - 1 page  
History report dated 12/29/04 - 18 pages  
Operative report dated 1/3/05 - 64 pages  
Texas Workers' Compensation Work status report dated 1/24/05 - 1 page

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Imaging report dated 1/12/05 - 1 page  
Preliminary diagnosis/problems shoulder report dated 1/12/05 - 1 page  
Texas Workers' Compensation Work status report dated 1/12/05 - 1 page  
History report dated 2/2/05 - 3 pages  
Preliminary diagnosis/problems shoulder report dated 2/2/05 - 1 page  
Shoulder treatment plan dated 2/2/05 - 1 page  
Texas Workers' Compensation Work status report dated 2/2/05 - 1 page  
GDI functional testing report dated 2/8/05 - 8 pages  
Texas Workers' Compensation Work status report dated 2/22/05 - 1 page  
Texas Workers' Compensation Work status report dated 3/1/05 - 1 page  
Imaging report dated 2/25/05 - 1 page  
Preliminary diagnosis/problems shoulder report dated 2/23/05 - 1 page  
Shoulder treatment plan dated 2/23/05 - 1 page  
Texas Workers' Compensation Work status report dated 2/20/05 - 1 page  
Texas Workers' Compensation Work status report dated 3/15/05 - 1 page  
Preliminary diagnosis/problems shoulder report dated 3/11/04 - 1 page  
Shoulder treatment plan dated 3/11/04 - 1 page  
Evaluation and management (E&M) services dated 8/11/04 - 1 page  
Texas Workers' Compensation Work status report - 1 page  
GDI functional testing report dated 3/10/05 - 10 pages  
Shoulder re-exam dated 3/15/05 - 1 page  
Texas Workers' Compensation Work status report dated 3/29/05 - 1 page  
Progress report dated 3/20/05 - 3 pages  
Texas Workers' Compensation Work status report dated 4/12/05 - 1 page  
Texas Workers' Compensation Work status report dated 4/26/05 - 1 page  
Evaluation and management (E&M) services dated 4/13/05 - 1 page  
Preliminary diagnosis/problems shoulder report dated 4/13/05 - 1 page  
Shoulder treatment plan dated 4/13/05 - 1 page  
Texas Workers' Compensation Work status report dated 1/10/05 - 1 page  
Texas Workers' Compensation Work status report dated 5/5/05 - 1 page  
GDI functional testing report dated 4/19/05 - 13 pages  
Progress report dated 4/29/05 - 5 pages  
GDI functional testing report dated 5/3/05 - 15 pages  
Texas Workers' Compensation Work status report dated 5/19/05 - 1 page  
Evaluation and management (E&M) services dated 5/10/05 - 1 page  
Preliminary diagnosis/problems shoulder report dated 5/10/05 - 1 page  
Texas Workers' Compensation Work status report dated 5/10/05 - 1 page  
Texas Workers' Compensation Work status report dated 6/2/05 - 1 page  
Letter from J.C. McConnell, Md dated 5/23/05 - 1 page  
Imaging report dated 6/1/05 - 1 page  
Preliminary diagnosis/problems shoulder report dated 6/1/05 - 1 page  
Shoulder treatment plan dated 6/1/05 - 1 page  
Evaluation and management (E&M) services dated 6/1/05 - 1 page

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History report dated 6/1/05 - 11 pages

Texas Workers' Compensation Work status report dated 6/1/05 - 1 page

Left shoulder MRI report and arthrogram report dated 6/15/05 - 4 pages

Evaluation and management (E&M) services x2 dated 6/22/05 - 4 pages

Shoulder treatment plan x2 dated 6/22/05 - 1 page

Preliminary diagnosis/problems shoulder report x2 dated 6/22/05 - 1 page

Texas Workers' Compensation Work status report dated 6/22/05 - 1 page

Texas Workers' Compensation Work status report dated 6/23/05 - 1 page

Texas Workers' Compensation Work status report dated 7/7/05 - 1 page

Letter from Anthony Esquibel, DC dated 7/1/05 - 1 page

Evaluation and management (E&M) services dated 7/6/05 - 1 page

Preliminary diagnosis/problems shoulder report dated 7/6/05 - 1 page

Shoulder treatment plan dated 7/6/05 - 1 page

Texas Workers' Compensation Work status report dated 7/6/05 - 1 page

Texas Workers' Compensation Work status report dated 7/7/05 - 1 page

Imaging report dated 7/13/05 - 1 page

Evaluation and management (E&M) services x2 dated 7/13/05 - 6 pages

Shoulder treatment plan x2 dated 7/13/05 - 1 page

Preliminary diagnosis/problems shoulder report x2 dated 7/13/05 - 1 page

Texas Workers' Compensation Work status report dated 7/13/05 - 1 page

Letter from David Vanderweide, MD dated 7/14/05 - 3 pages

Texas Workers' Compensation Work status report dated 7/20/05 - 1 page

Texas Workers' Compensation Work status report dated 8/4/05 - 1 page

Evaluation and management (E&M) services dated 8/17/05 - 1 page

Preliminary diagnosis/problems shoulder report dated 8/17/05 - 1 page

Texas Workers' Compensation Work status report dated 8/17/05 - 1 page

Texas Workers' Compensation Work status report dated 9/16/05 - 1 page

Evaluation and management (E&M) services dated 9/14/05 - 1 page

Preliminary diagnosis/problems shoulder report dated 9/14/05 - 1 page

Shoulder treatment plan dated 9/14/05 - 1 page

Texas Workers' Compensation Work status report dated 9/14/05 - 1 page

Letter of rebuttal to RME report dated 9/16/05 - 2 pages

Texas Workers' Compensation Work status report x3 dated 9/27/05 - 3 pages

History and physical dated 11/15/05 - 2 pages

Texas Workers' Compensation Work status reports - 5 pages

Texas Workers' Compensation Work status report dated 2/19/06 - 1 page

Physical therapy/progress/work hardening-work conditioning/individual psychotherapy notes - 1 page

Daily progress notes dated 5/26/04 to 6/30/04 - 5 pages

Daily notes report dated 7/1/04 to 1/18/05 - 18 pages

Shoulder re-exam dated 1/18/05 - 1 page

Daily notes report dated 2/8/05 to 12/15/05 - 44 pages

Individual psychotherapy notes dated 10/20/05 to 11/15/05 - 10 pages

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Work hardening progress report dated 5/3/05 - 2 pages  
Consultation report dated 9/19/05 to 1/16/06 - 6 pages

Received from Dr. Esquibel

Letters from Anthony Esquibel, DC dated 12/12/05 and 12/19/05 - 2 pages  
Letter of rebuttal to RME report dated 9/16/05 - 2 pages  
Letter of medical necessity dated 9/30/05 - 1 page  
Letter from David Vanderweide, MD dated 7/14/05 - 3 pages  
Medicine report dated 10/10/05 - 1 page  
SOAP notes dated 10/10/05 to 1/16/06 - 5 pages  
Letter from Donald Mauldin, MD dated 1/26/06 - 6 pages  
Notes from John McConnell, MD dated 2/15/06 to 9/14/05 - 10 pages  
History report dated 8/17/05 - 21 pages  
Prescription for PT dated 4/13/05 - 1 page  
Prescription for chronic pain management dated 11/17/05 - 1 page  
Psychotherapeutic group note dated 6/23/05 - 1 page  
Initial behavioral medicine consultation report dated 9/30/05 - 7 pages  
Medicine report dated 11/28/05 - 1 page  
SOAP notes dated 11/28/05 - 1 page  
Medicine report dated 1/16/06 - 1 page  
List of symptoms dated 4/26/05 - 4 pages  
Patient questionnaire dated 4/26/05 - 2 pages  
Initial clinical assessment dated 4/26/05 - 4 pages  
Confirmation letter dated 6/9/05 - 1 page  
Certificate to return to work dated 2/28/05 - 1 page  
MRI reports dated 6/15/05 and 8/12/04 - 4 pages  
Electrodiagnostic results dated 7/12/04 - 4 pages  
Duplicate records - 179 pages

**Summary of Treatment/Case History:**

The patient underwent physical medicine treatments, psychological sessions, work hardening and surgery after injuring her shoulder at work on \_\_\_\_.

**Questions for Review:**

Items in dispute: preauthorization denied for chronic pain mgmt x 20 sessions.

**Explanation of Findings:**

Items in dispute: preauthorization denied for chronic pain mgmt x 20 sessions.

No. Current medical literature states, "...there is no strong evidence for the effectiveness of supervised training as compared to home exercises. There is also no strong evidence for the effectiveness of multidisciplinary rehabilitation as compared to usual care." The literature further states, "...that there

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appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities...” And a systematic review of the literature for a multidisciplinary approach to chronic pain found only 2 controlled trials of approximately 100 patients with no difference found at 12-month and 24-month follow-up when multidisciplinary team approach was compared with traditional care. Based on those studies and absent any documentation that the proposed chronic pain management program would be beneficial, it is medically unnecessary.

More importantly, the previously attempted physical medicine treatments, psychological sessions and work hardening program had within them the self-help strategies, coping mechanisms, exercises and modalities that are inherent in and central to the proposed chronic pain management program. In other words and for all practical purposes, most of the proposed program has already been attempted and failed. Therefore, since the patient is not likely to benefit in any meaningful way from repeating unsuccessful treatments, the proposed chronic pain management program is medically unnecessary.

**Conclusion/Decision to Not Certify:**

The requested services are not medically necessary.

**References Used in Support of Decision:**

1. Ostelo RW, de Vet HC, Waddell G, Kerchhoffs MR, Leffers P, van Tulder M, Rehabilitation following first-time lumbar disc surgery: a systematic review within the framework of the Cochrane collaboration. Spine. 2003 Feb 1; 28(3): 209-18.
2. Karjalainen K, Malmivaara A, van Tulder M, Roine R, Jauhiainen M, Hurri H, Koes B. Multidisciplinary biopsychosocial rehabilitation for neck and shoulder pain among working age adults. Cochrane Database Syst Rev. 2003;(2): CD002194.
3. Karjalainen K, et al. Multidisciplinary rehabilitation for fibromyalgia and musculoskeletal pain in working age adults. Cochrane Database of Systematic Reviews 2000; 2.

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This review was provided by a chiropractor licensed in Texas, certified by the National Board of Chiropractic Examiners, and who is a member of the American Chiropractic Association and has several years of licensing board experience. This reviewer has written numerous publications and given several presentations with their field of specialty. This reviewer has been in continuous active practice for over twenty-five years.

**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.

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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. MRloA 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 MRloA 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 MRloA 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 MRloA 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 MRloA 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.

1210331.1

Case Analyst: Jamie C Ext 583

CC: requestor and respondent