April 4, 2006

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

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-06-0908-01
CLIENT TRACKING NUMBER: M2-06-0908-01

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:

Records from the State:
Notification of IRO Assignment, 3/13/06
Notice of receipt of request for Medical Dispute Resolution, 3/13/06
Medical Dispute Resolution Request/Response form, 3/7/06
Provider List
Table of Disputed Services
Denial letters, 12/27/05, 1/16/06

Records from American Casualty:
Letter from Sloan Loughlin & Swanson, LLP, 3/17/06

(continued)

Occupational Therapy initial evaluation, 10/1/02
Dr. Tompkins' subsequent medical reports, 7/21/03, 12/8/03, 1/14/04, 3/10/04, 4/14/04, 5/5/04, 5/19/04, 6/21/04,
Pathology report, 8/14/03
Operative report. 8/14/03
Kclinic Rehabilitation Center Treatment Program, 8/29/03
Ultrasound report, 8/25/03
Occupational Therapy Progress SOAP notes, 8/25/03, 8/27/03
Dr. Elizondo's notes 1/7/04, 3/2/04
Cardinal Initial exam, 9/19/03
Dr. Mallou's office visit notes, 9/22/03, 9/24/03, 9/30/03, 10/2/03, 10/3/03, 10/7/03, 10/8/03, 10/10/03, 10/14/03, 10/16/03, 10/17/03, 10/21/03, 10/28/03, 10/30/03, 10/31/03, 11/3/03, 11/4/03, 11/6/06, 11/10/03, 11/12/03, 11/13/03, 11/17/03, addendum - 11/17/03, 11/18/03, 11/21/03, 11/25/03, 12/1/03, 12/4/03, 12/5/03, 12/8/03, 12/9/03, 12/10/03, 12/15/03, 12/16/03, 12/18/03, 12/22/03, 12/23/03, 1/2/04, 1/6/04, 1/8/04, 1/9/04, 1/13/04, 1/15/04, 1/16/04, 1/19/04, 1/22/04, 1/23/04, 1/28/04, 1/29/04, 1/30/04, 2/4/04, 2/5/04, 2/6/04, 2/11/04, 2/12/04, 2/13/04, 2/18/04, 2/19/04, 2/20/04,
DWC - 69 form, 11/17/03
Functional abilities evaluation, 1/13/04
Independent Medical Evaluations, James Hood, MD, 1/31/05
Dr. Port's consultation note, 4/22/05
Worker's compensation Initial Evaluation Report, 7/20/05
Anesthesia record, 7/26/00
Progress notes, Bryan McCormick DC, 7/21/05 - 10/13/05
Reports of MRI of right knee, 8/26/05, 11/1/05
Report of x-rays of right knee 8/26/05
Re-examination SOAP notes, 8/5/05 9/9/05
Independent Medical Evaluation, James Hood, MD, 10/12/05
Initial Medical Report - Workers' Compensation Insurance
Employee's request to change treating doctors
Work Status Reports, 8/16/05, 9/7/05, 12/9/05
Advantage Evaluation 12/13/05
Metroplex Orthopedics Consultation, 12/14/05
Metroplex Orthopedics Recheck, 1/25/06
Locascio Care clinic Daily Notes 10/17/05, 10/18/05, 10/19/05, 10/20/05, 10/21/05, 10/24/05, 10/26/05, 10/27/05, 10/28/05, 11/1/05, 11/2/05, 11/3/05, 11/8/05, 11/9/05, 11/15/05, 11/16/05, 11/23/05, 1/4/06, 1/9/06, 1/10/06, 1/13/06, 1/17/06
Clinical Observations/Comments, 10/27/05
Behavioral Medical Service Reports, 11/16/05, 12/9/05, 12/22/05, 1/7?/06, 1/13/06, 1/19/06
Physician's Progress Report, 10/20/05, 11/3/05
Certificate of Medical Necessity for Durable Medical Equipment, 10/24/05
Prescription for EMS unit and garment, 10/24/05
Information of CryoDerm

(continued)

Letter from Louis Sabater, LPN, 12/28/05
Examination Findings, Kevin Baker, PA-C, 12/13/05
Community Rehab notes, 1/4/06 - 1/23/06
Notes, Texas Orthopedic Surgical Associates, 1/10/06

Records from Dr. Rimlawi:
Oak Cliff Orthopaedic notes, 8/16/05
Texas Orthopedic notes, 9/7/05, 10/11/05, 12/9/05, 1/10/06, 2/9/06, 2/16/06
Operative Report, 9/26/05

Records from Advantage:
Letter from Nick Kempisty, 3/24/06
Evaluation, Michael Bensman, MSW, LCSW, 12/13/05
Physical Performance Exam 12/13/05
Pre-certification request, 12/19/05
Request for an appeal, 1/8/06

Summary of Treatment/Case History:
The claimant is a 40 year-old lady who allegedly suffered a workplace injury on ___. Subsequently she developed pain in her right knee. She was initially treated with medication and physical therapy. An arthroscopy with resection of a torn medial meniscus followed, then more physical therapy. None of this provided prolonged pain relief. A second arthroscopy was done on 9/26/05 with a partial medial meniscectomy. She has been unable to work since her injury and now walks with a cane. She has apparently developed some depression as a result of her disability. Outpatient psychological counseling has not been effective.

Questions for Review:
Preauthorization was denied for chronic pain management x10.

1. Please advise on medical necessity for chronic behavioral pain management program times ten (10) sessions.

Explanation of Findings:
The claimant has a chronic pain syndrome as a result of an injury to the right knee while working. She has undergone appropriate surgery, extensive rehabilitation treatment and some psychological counseling over the past 3 ½ years; however, she continues to have pain that interferes with her life and her ability to work. There is significant evidence in the published, peer-reviewed literature that substantiates the efficacy of multidisciplinary chronic pain management in the restoration of function of patients whose chronic pain cannot be treated successfully otherwise. The claimant satisfies the usual selection criteria for entry into a chronic pain management program. Therefore, the requested pain management program would appear to be indicated, appropriate and in compliance with the Texas Labor Code definition of Medical Necessity for injured workers. The requested 10 sessions of the program should be regarded as a trial period in which to assess the claimant's diligence in following the program and the progress that she is capable of making toward the goals of treatment.

(continued)

Conclusion/Decision to Certify:

1. Please advise on medical necessity for chronic behavioral pain management program times ten (10) sessions.

An initial trial of 10 sessions of a multidisciplinary chronic pain management program is medically necessary.

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

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

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; and
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.

Skouen, et al. (2002). Relative cost-effectiveness of extensive and light multidisciplinary treatment programs versus treatment as usual for patients with chronic low back pain on long-term sick leave: randomized controlled study. Spine 27:901-9; discussion 909-10.

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.

(continued)

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.

Flor, et al. (1992). Efficacy of multidisciplinary pain treatment centers: a meta-analytic review. Pain 49:221-30.

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.

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

(continued)

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.

1216030.1
Case Analyst: Valerie O ext 554

cc: Requestor
Respondent