May 1, 2006

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

Patient: ___
DWC #: ___
MDR Tracking #: M2-06-0960-01
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

According to the medical records, the patient was injured on ___ when working as a day care assistant when she was going up some stairs and fell and hurt her right knee. She saw Dr Harry Hernandez, her primary doctor, and she was sent for x-rays. She had therapy, and when she did not improve she was referred to Dr Arredondo. He performed arthroscopy surgery to the left knee on February 19, 2004. She was pronounced at clinical MMI on 07-01-04 with an impairment rating of 1%. She then transfer her care to Dr. Beltran, she has been taking Motrin 800 mg I po TID. Glucosamine sulfate 1500 mg one daily. Biofreeze topically to the knee, Flexeril and Prilosec. She underwent physical therapy. She underwent psychological evaluation on 11-30-04 by the Lisara Rehab Center.

Mrs. ___ underwent an MRI of Left Knee on 10-31-03 that showed, extrusion of the body of the medial meniscus and extensive tear and degeneration of the posterior horn of the medial meniscus involving the vascular portion. The patient underwent surgery on 02-19-04 by Dr. Eradio Arredondo partial medial meniscectomy. She was follow up by Dr Arredondo on a monthly basis. She was prescribed Mobic and had an FCE that put her at light modified work.

On July 1, 2004 the patient was evaluated to determine the date of Maximum Medical Improvement and was assigned a 1% Whole Body Impairment by Dr Roy Reid Jr., M.D. This was a Clinical MMI as of July 1, 2004.

On November 30, 2004 the patient was evaluated by Lisara Rehabilitation Center she was found to have moderate severity of depression, and it was recommended to the patient to receive 10 individual psychotherapy appointments to be seen twice weekly over a 5-6 week period.

Dr. Kinzy physical Medicine and Rehabilitation specialist consulted the patient. Having several follow ups, and was given glucosamine sulfate 1500 mg daily, biofreeze and Motrin 800 mg 1 Q/8 hrs. Her level of pain ranged from 3 to 4 on normal bases. The pain was satisfactorily controlled with the use of medication

She underwent an MRI post surgery on 05-11-2005 with a finding of an oval structure along the posterior intercondylar notch of the left knee and an orthopedic consult was recommended. On 10-12-05 the patient underwent a Pain Mental Health Evaluation by Nueva Vida Behavioral Health Associates.

RECORDS REVIEWED

A. General Records
   - Notification of IRO assignment dated03-30-06
   - Receipt of MDR Request dated 03-02-2006
   - Pre-authorization denial of 01-18-2006
   - Re-consideration denial of 01-31-06

B. Records from the carrier

   - Receipt of MDR request dated 03-02-2006
   - Facsimile Transmittal from St Paul Travelers dated 04-07-06 including MDR, pre-authorization request denial for pain management, Reconsideration denial dated 01-31-2006

C. Records from the doctor

   - Request for production of documents by Texas Dep't of Insurance, Division of Workers Compensation.
   - Receipt of a request for Medical Dispute Resolution

- South west OPEN MRI Left Knee Dated 10-31-03
- Radiology Report San Antonio Imaging, INC MRI Lower EXT JT w/wo dated 05-11-2005 by John Black, M.D.
- Swdiagnostic Imaging Center 10-01-03 Ap Lateral Notch Sunrise Left Knee.
- San Antonio Bone & Joint Clinic, P.A. Subsequent Visits & Findings from 12-15-03, 02-09-04, 02-25-04, 03-08-04, 03-22-04,04-05-04, 05-06-04, 06-16-04, 07-08-04, 0714-04, 06-16-04, 07-08-04, 07-14-04, 08-27-04, 10-19-04, 01-25-05, 03-30-05.
- Report of Surgery: Partial medial meniscectomy dated 02-19-2004 by Dr. Eradio Arredondo.
- Follow up notes from Dr. Bruce G. Kinzy, M.D.,P.A. dated 04-03-06, 06-8-05, 07-11-05, 07-11-05, 08-11-05, 10-13-05, 12-16-05, 01-13-06
- Psychological Evaluation Report from Lisara Rehab center dated 11-30-04
- Laboratory report from Harry Hernandez, D.O., P.A. dated 10-01-03
- TWCC- 69 Report of Medical Evaluation from Roy Reid, Jr., M.D. dated 07-01-04
- Southwest Open MRI Left Knee Report dated 10-31-03
- Churchill Evaluation Centers, letter of clarification dated 09-01-2004, 09-27-04
- San Antonio bone & Joint Clinic, P.A. Dr. Eradio Arredondo letter of recommendation for surgery dated 12-15-03
- Report of medical evaluation by Dr. Roy Reid for MMI dated 07-01-04
- Required medical Evaluation Report by Bruce G. Kinzy, M.D. dated 06-17-04
- Initial Diagnostic Screening Letter of Medical Necessity from Dr Daniel Beltran dated 07-07-05
- Nueva Vida Behavioral Health Associates, Pain mental Health Evaluation dated 10-12-05
- TWCC 69- Report of Medical Evaluation from R Reid Jr., M.D. dated 07-01-04
- Initial Outpatient consultation from Dr. Bruce G. Kinzy, M.D. dated 05-20-05
- Required medical Evaluation report from David Willhoite, M.D. dated 12-09-05
- Letter from Dr. Bruce Kinzy to Valerie D English, Claim Analyst
- Chronic Pain Management Program Treatment Progress Report dated 11-21-05 to 12-21-05
- Nueva Vida Behavioral Health Associates response to denial letter for Chronic pain Management Program dated 01-19-06
- Workers Clinic, INC Chronic Pain Management Extension Request letter dated 12-24-05
- Letter from The Carlson Law Firm dated 06-23-05
- FCE Report Dated 07-28-05 from the pain spa
- Initial Diagnostic Screening/ Letter of Medical necessity for Pain Mental Health Evaluation
- Pre-Authorization request for Outpatient Chronic Pain management Program dated 01-23-06

- Approval Letter from TPA for Federal Insurance CO to Nueva Vida Behavioral Health for 15 sessions of chronic Pain Management dated 01-15-06

## REQUESTED SERVICE

The requested service is a chronic pain management program consisting of 15 sessions (8 hrs/day times 5 days per week).

## DECISION

The reviewer agrees with the previous adverse determination.

## BASIS FOR THE DECISION

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 her injury. There is however significant doubt that this type of chronic pain management program would benefit Ms. ___ at this stage in her treatment. The treatment plan delineated by Nueva Vida Behavioral includes the following interventions: Physical Therapy, Pain Management, Psycho educational Groups, Group psychotherapy, Individual Psychotherapy, Biofeedback, Occupation/Vocational Counseling, Medical and medication Management. The goals of this program are described as: improved cardiovascular endurance, decrease in pain medication use, improved sleep quality, increased activity level and increased strengthening. From a theoretical point of view, these goals would certainly benefit the patient; however, from a clinical standpoint, the reviewer feels that her limited progress and responses to date indicate that she would have a poor outcome from this type of treatment. The patient has reported adequate control of pain with her current medications and Dr. Kinzy has not reported any problems with her current dose.

The patient has reported various inconsistencies in regards to pain level and symptoms, which do not correlate with her stage in treatment, level of medication or functional ability.

In summary, it is the provider's responsibility to establish medical necessity in the request for treatment at this review level. Given her lack of response to previous treatment, the reviewer does not feel that the patient is likely to benefit from this type of program. The reviewer believes that the most significant factors in her chronic pain syndrome continue to be her prolonged time off work and physical deconditioning, which are hindering the patient significantly.

## REFERENCES

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 1st day of May 2006**

**Signature of Specialty IRO Representative:**

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