April 13, 2006

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

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-06-1047-01
CLIENT TRACKING NUMBER: M2-06-1047-01-5278

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:
Notification of IRO assignment 3/29/06 1 page
Texas Department of Insurance Workers Compensation Division form 3/29/06 1 page
Medical dispute resolution request/response form 2 pages
Table of disputed services 1 page
Provider form 1 page

FROM THE REQUESTOR/Margo Olivarez:

Letter from Margo O./supervisor to Kirstin Gustaveson/MRIoA 3/31/06 3 pages
(continued)

Texas outpatient non-authorization recommendation 1/18/06 2 pages
Texas outpatient reconsideration decision: non authorization 2 pages
Preauthorization request 2/2/06 1 page
Referral form 1/9/06 1 page
Chronic pain management program treatment team forms 1 page
Appeal from Edinburg Physical Medicine & Rehabilitation 3 pages
Baseline progress & projected progress grid 2/3/06 1 page
Treatment plan and goals 4 pages
Completion summary and request for services 6 pages
Mental health evaluation 10/26/05 7 pages
Handwritten PT chart notes 7/4/05 - 7/8/05 1 page
Handwritten PT chart notes 7/11/05 - 7/15/05 1 page
Handwritten PT chart notes 7/18/05 - 7/22/05 1 page
Handwritten PT chart notes 7/25/05 - 7/29/05 1 page
Handwritten PT chart notes 8/1/05 - 8/5/05 1 page
MRI lumbar spine report 2/28/05 2 pages
Initial report from Dr. Yazji, MD 7/6/05 1 page
Physical performance evaluation summary 9/6/05 5 pages
Motor nerve study 9/21/05 3 pages
Chart notes 12/16/05 1 page
Chart notes 1/13/06 1 page

FROM THE RESPONDENT/Katie Foster:
Letter from Rebecca M. Strandwitz/Flahive, Ogden & Latson to MRIoA 4/5/06 2 pages
Letter from S. Rhett Robinson/Flahive, Ogden & Latson to Amy Rich 3/28/06 2 pages
Chart notes 12/2/05 1 page
Work status report 12/2/05 1 page
Chart notes 12/16/05 1 page
Work status report 12/16/05 1 page
Letter to Dr. Yazji from M.Y.I. Beck, MD 12/20/05 2 page
Individual progress notes 11/28/05 1 page
Individual progress notes 12/5/05 1 page
Individual progress notes 12/12/05 1 page
Individual progress notes 12/21/05 1 page
Individual progress notes 1/2/06 1 page
Texas outpatient authorization recommendation 11/15/05 2 pages
Chart notes 1/13/06 1 page
Work status report 1/13/06 1 page
Individual progress notes 1/9/06 1 page
Texas outpatient authorization recommendation 11/15/05 2 pages
Operative report 1/16/06 1 page
Chart notes 2/10/06 1 page
Work status report 2/10/06 1 page
Letter from Dr. Beck, MD to Monzer Yazji, MD 1/25/06 1 page
Operative report 1/16/06 1 page
Cornerstone Regional Hospital itemized billing 1/19/06 2 pages
(continued)

Chart notes 8/30/05 1 page
Work status report 8/30/05 1 page
E-bill image information sheet 1 page
Chart notes 8/23/05 1 page
E-bill image information sheet 1 page
Texas Workers Compensation Commission form 7/12/05 1 page
E-bill image information sheet 1 page
Work status report 9/15/05 1 page
Chart notes 9/15/05 1 page
E-bill image information sheet 1 page
Motor nerve study 9/21/05 2 pages
E-bill image information sheet 1 page
Chart notes 9/29/05 1 page
Work status report 9/29/05 1 page
E-bill image information sheet 1 page
Chart notes 10/13/05 2 pages
Work status report 10/13/05 1 page
E-bill image information sheet 1 page
Work status report 8/23/05 1 page
E-bill image information sheet 1 page
Physical performance evaluation summary 9/6/05 5 pages
E-bill image information sheet 1 page
Physical performance evaluation summary 9/6/05 5 pages
E-bill image information sheet 1 page
Work status report 10/31/05 1 page
Chart notes 10/31/05 1 page
E-bill image information sheet 1 page
Chart notes 11/4/05 1 page
Work status report 11/4/05 - 1 page
E-bill image information sheet 1 page
"Does not require preauthorization" form 1 page
Mental health evaluation 10/26/05 7 pages
E-bill image information sheet 1 page
Chart notes 11/18/05 1 page
Work status report 11/18/05 1 page
Work status report 6/14/05 1 page
Chart notes 6/14/05 1 page
E-bill image information sheet 1 page
Chart notes 6/28/05 1 page
E-bill image information sheet 1 page
Initial report 7/6/05 1 page
E-bill image information sheet 1 page
Handwritten PT chart notes 7/4/05 - 7/8/05 1 page
E-bill image information sheet 1 page
Progress notes 7/12/05 1 page
Work status report 7/12/05 1 page
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E-bill image information sheet 2 pages
E-bill image information sheet 1 page
Work status report 7/26/05 1 page
Chart notes 7/26/05 1 page
E-bill image information sheet 1 page
Work status report 6/28/05 1 page
E-bill image information sheet 1 page
Handwritten PT chart notes 7/11/05 - 7/15/05 1 page
E-bill image information sheet 1 page
Handwritten PT chart notes 7/11/05 - 7/15/05 1 page
E-bill image information sheet 1 page
Report of medical evaluation 7/27/05 1 page
Texas Workers Compensation Commission form 7/12/05 1 page
Designated doctor evaluation 7/27/05 4 pages
ARCON AIRS impairment rating report 1 page
E-bill image information sheet 1 page
Handwritten PT chart notes 7/25/05 - 7/29/05 1 page
E-bill image information sheet 1 page
Handwritten PT chart notes 7/25/05 - 7/29/05 1 page
E-bill image information sheet 1 page
Handwritten PT chart notes 7/18/05 - 7/22/05 1 page
E-bill image information sheet 1 page
Handwritten PT chart notes 7/18/05 - 7/22/05 1 page
E-bill image information sheet 1 page
Handwritten PT chart notes 7/18/05 - 7/22/05 1 page
Handwritten PT chart notes 7/11/05 - 7/15/05 2 pages
E-bill image information sheet 1 page
Initial consultation notes 7/23/05 3 pages
E-bill image information sheet 1 page
Work status report 8/9/05 1 page
Chart notes 8/9/05 1 page
POA/Diary review 3/30/06 2 pages

Summary of Treatment/Case History:
The patient is a 25 year old male with a date of injury on ___. The diagnosis is low back and right leg pain. MRI in 2/05 showed small herniated nuclear pulposus (HNP) at L4-S1 without nerve root compression. EMG in 9/05 showed a mild right L5 radiculopathy. The patient has been prescribed a muscle relaxant and Zoloft, VAX-D traction and PT in 7/05, 6 individual psych sessions in 12/05, and one right lumbar TFE in 1/06. None of this has helped except for the epidural steroid injection (ESI), which was never followed up on. Work hardening was not felt to be an option in 10/05, as he had high pain levels and severe depression levels. A functional capacity exam FCE in 9/05 indicated he was functioning at a sedentary/light level, which was insufficient for his prior job. He had a neuropsychiatric consult in 12/05, which noted no neurologic changes, but recommended a right lumbar TFE, which was done in 1/06. Again, this was noted to have been of great benefit at follow up, but was never repeated.

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He was still noted to be severely depressed in 2/06 despite this treatment, and a chronic pain program was recommended. It was noted that he was taking only Flextra, which is a muscle relaxant; he is sleeping 4 hours; he has decreased strength, exercise tolerance, and range of motion (ROM); and his pain score is 7/10. They did not mention the result of the TFE.

Questions for Review:

1. ITEM(S) IN DISPUTE: Preauthorization request: Chronic pain management 5 times a week for 6 weeks = 30 sessions

Explanation of Findings:

The patient has a diagnosis of lumbar radiculopathy, but clinical findings are minimal. EMG and MRI do support this. He has failed all treatment thus far, except for his TFE, which was done once in 1/06 but never repeated. There is no explanation for this; it is standard of care (SOC) to do up to a series of 3 if they help. Instead, he was recommended for a chronic pain program. This is in no way necessary at this time. Firstly because the patient did show significant improvement after the ESI, so this line of treatment should be pursued. Secondly, if it does indeed help, work hardening should be pursued. Thirdly, surgery needs to be ruled out as an option.

Conclusion/Decision to Not Certify:

1. ITEM(S) IN DISPUTE: Preauthorization request: Chronic pain management 5 times a week for 6 weeks = 30 sessions

The 30 session chronic pain management program is not medically necessary at this time. See above for rationale.

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

Criteria used are common practice among osteopathic and pain physicians.

References Used in Support of Decision:

Bonica's Management of Pain third edition copyright 2000

Practical Management of Pain by P. Raj copyright 2000

The physician providing this review is board certified in Anesthesiology and is a doctor of Osteopathy. The reviewer is currently an attending physician at a major medical center providing anesthesia and pain management services. The reviewer has participated in undergraduate and graduate research. The reviewer has been in active practice since 1988.

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.

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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.

1219202.1
Case Analyst: Cherstin B ext 597

Requestor, Respondent