

May 26, 2006

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

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-06-1175-01

CLIENT TRACKING NUMBER: M2-06-1175-01 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:

Records Received from the State:

- Notification of IRO Assignment, 4/12/06 - 2 pages
- Medical Dispute Resolution Request/Response, 4/12/06 - 3 pages
- Table of Disputed Services, undated - 1 page
- Letter from The Hartford, 1/9/06 - 2 pages
- Letter from SRS, 2/23/06 - 2 pages

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Records Received from Dr. Donald Phillips - Treating Physician:

- Request for Production of Documents, 4/12/06 - 1 page
- Letter from Franklin Chiropractic, 12/7/05 - 2 pages
- Chart Notes, undated - 2 pages
- Report of Medical Evaluation, 11/14/05 - 1 pages
- Letter from Dr. Magnuson, 1/23/06 - 4 pages
- Report of Medical Evaluation, 11/14/05 - 1 page
- Impairment Rating Report, 11/14/05 - 2 pages
- Chart Notes, undated - 1 page
- Oswestry Questionnaire, 11/14/05 - 3 pages
- Accident/Injury Summary, 1/7/05 - 3 pages
- Clinical Evaluation - Summary, 1/7/05 - 12 pages
- Letter from Intracorp, 4/23/05 - 3 pages
- Letter from Intracorp, 4/15/05 - 2 pages
- Neurological Consultation, 4/12/05 - 4 pages
- Upper Extremity Evoked Potential Study, 4/15/05 - 1 page
- EEG, 5/18/05 - 1 page
- Evoked Potential Study, 5/18/05 - 2 pages
- Reevaluation, 5/18/05 - 2 pages
- Letter from Franklin Chiropractic, 5/23/05 - 2 pages
- Functional Capacity Evaluation, 4/26/05 - 8 pages
- Upper Extremity Evoked Potential Study, 4/15/05 - 1 page
- Neuromuscular Testing and Rehabilitation Center Notes, 2/16/05-6/6/05 - 43 pages
- Aquatic Exercise Sheet, 1/28/05 - 1 page
- Prescription for Rehabilitation, 1/20/05 - 1 page
- Neuromuscular Testing and Rehabilitation Center Notes, 1/21/05-2/14/05 - 11 pages

Summary of Treatment/Case History:

The claimant has undergone examinations and extensive physical medicine treatments after injuring his cervical and upper thoracic spine when he was hit by a forklift at work on ____.

Questions for Review:

Item(s) in dispute: Pre authorization denied for chronic pain management (5 X 6).

Explanation of Findings:

Item(s) in dispute: Pre authorization denied for chronic pain management (5 X 6).

The previously attempted rehabilitation program had, within it, the exercises and modalities that are inherent in and central to the proposed chronic pain management program. In other words and for all practical purposes, much 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.

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There is also no documented support for the psychological component of the proposed chronic pain management program. In fact, the designated doctor tested the claimant on 01/23/06 and reported a score of 10 on the Beck's Depression Inventory (indicating no significant depression) and a score of 0 on the Beck's Anxiety Inventory (indicating no significant anxiety.)

Even if a psychological component had been present, 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 appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities..." 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, the proposed chronic pain management program is not supported.

And finally, several studies have proven the effectiveness of spinal manipulation for patients with cervical spine symptoms and conditions. For that reason, it is perplexing why a doctor of chiropractic would attempt a host of other therapies while withholding a proper regimen of spinal manipulation. In fact, spinal manipulation is not even listed on the provider's fee slip. Since all appropriate treatment options were not exhausted, the proposed chronic pain management program is not medically necessary.

Conclusion/Decision to Not Certify:

The proposed chronic pain management program is 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.
4. Hurwitz EL, Morgenstern H, Harber P, Kominski GF, Yu F, Adams AH. A randomized trial of chiropractic manipulation and mobilization for patients with neck pain: clinical outcomes from the UCLA neck-pain study. *Am J Public Health*. 2002 Oct; 92(10): 1634-41.
5. Hoving JL, Koes BW, de Vet HC, van der Windt DA, Assendelft WJ, van Mameren H, Deville WL, Pool JJ, Scholten RJ, Bouter LM. Manual therapy, physical therapy, or continued care by a general practitioner for patients with neck pain. A randomized, controlled trial. *Ann Intern Med*. 2002 May 21; 136(10): 713-22.

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6. Gross AR, Hoving JL, Haines TA, Goldsmith CH, Kay T, Aker P, Bronfort G, Cervical overview group. Manipulation and Mobilisation for Mechanical Neck Disorders. Cochrane Database Syst Rev. 2004; 1:CD004249.
7. Koes, B, Bouter, L, et al. Randomised clinical trial of manipulative therapy and physiotherapy for persistent back and neck complaints: results of one year follow up. BMJ 1992; 304:601–5.
8. Koes BW, Bouter LM van Marmeren H, et al. A randomized clinical trial of manual therapy and physiotherapy for persistent neck and back complaints: sub–group analysis and relationship between outcome measures. J Manipulative Physio Ther 1993; 16:211–9.
9. Cassidy JD, Lopes AA, Yong–Hing K. The immediate effect of manipulation versus mobilization on pain and range of motion in the cervical spine: A randomized controlled trial. J Manipulative Physio Ther 1992; 15:570–5.

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.

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.

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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.

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Case Analyst: Jamie C ext 583

CC: requestor and respondent