



Specialty Independent Review Organization, Inc.

May 25, 2006

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

Patient: ____
DWC #: ____
MDR Tracking #: M2-06-1182-01
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 ____ while walking up a flight stairs with a co-worker, carrying a machine, he injured his back. He stopped for a while and went to his supervisor, who told him to rest for a week and then return back to work. On 01-08-04 according to the records the patient went to see Dr Keszler who made a diagnosis of lumbar sprain and put him on Fioricet, Soma and Prednisone 5 mg. An MRI of lumbar spine on 01-12-04 had this impression: Small annular tear, posterior aspect of the L4-L5 disc with associated desiccation. L5-S1 disc herniation immediately beneath the level of the S1 end plate remains under the ligaments. The neural foraminal are intact. An EMG of the lower extremities on 02-05-04, reported by Dr Lori Waszerburger. Impression: Electrodiagnostic evidence of polyradiculopathy involving the right l4-L5 with root at the left L4 and S1.

The patient as per the records underwent three epidural steroid injections with no significant improvement. On 05-05-04 the patient was examined by Dr Pedro Ochoa and was not at MMI. The patient continued with conservative treatment and a new MRI of the lumbar spine was performed on 06-02-05 and reported by Dr Raul Pelaez. The impression was of a Posterior bulge of the disc between L5-S1 displacing the epidural fat. Posterior and central herniation of the disc between L4-L5 indenting the anterior aspect of the thecal sac.

Mr. ___ was taken to surgery on 09-13-05, at the Methodist Specialty and Transplant Hospital. He underwent laminectomy and discectomy at L5-S1, laminotomy and bilateral foraminotomies L4-L5, lateral transverse process fusion L4-L5, lateral transverse fusion of L5-S1, posterior segmentation L4-5 and a bone graft stimulator insertion and bone harvesting. He was discharged from the Hospital on 09-15-05

There is a report from Dr Dennie Gutzman dated 11-09-2005 with recommendations to start a therapeutic program under Dr burke's care. On November 21, 2005 a note from Dr Burke's Clinic stated the patient will start status post physical therapy three times a week for four weeks. On January 05, 2006 a follow up note from Dr Burke's office stated patient will be referred for evaluation for a Chronic Pain Management. On January 01-31-06 the patient was approved for 10 sessions of a chronic pain management.

On 02-23-06 Mr. ___ was seen by Dr Marco Ochoa DD and was found to be at MMI with a 5% WBIR and he stated "At this point the examinee is at statutory MMI, however, clinically and medically the examinee case is still not resolved because of the surgery that he had on 09-05, that requires from eight months to a year to resolve. On 03-02-06, a preauthorization request for 10 additional sessions of Chronic Pain Management was denied

RECORDS REVIEWED

General Records

Notification of IRO Assignment dated 04-28-06
Receipt of MDR Request dated 04-04-06
MDR Request dated 04-04-06
Initial Pre-Authorization Denial dated 03-02-06
Reconsideration Pre-Authorization Denial dated 03-15-06

Records from the carrier

Pre-authorization denial for 10 sessions of Chronic Pain Management dated 01-27-06
Carrier's statement with respect to dispute letter dated May 9, 2006
Concentra Medical centers Transcription of progress note from Dr George Carrion dated 12-03-03
Methodist specialty and transplant Hospital operation report laminectomy, posterior fusion dated 09-13-05

Follow up notes from Southwest pain and Injury Clinic dated 2-17-06, 02-24-06
Follow up notes from Interdisciplinary pain Rehabilitation Program dated 02-20-06, 02-22-06
chronic pain program, 02-24-06
Denial pre-authorization for 10 days of pain management program dated 03-02-06 from
Concentra
Follow up note from Dr Gutzman dated March 6, 2006
Report of Medical evaluation from Churchill Evaluation Center dated 02-23-06

Records from the Doctor

Receipt of MDR Request dated 04-04-06
Initial Evaluation note from Combined Care Health Centers dated May 27, 2005
Follow up notes from Combined Care health Centers dated, 06-23-05, 08-23-05, 10-04-05, 11-07-05, 11-21-05
Follow up notes from Dr Dennis Gutzman dated, 04-15-05, 04-27-05, 07-18-05, 08-29-05, 09-26-05, 11-09-05
Operation report Laminectomy, fusion dated 09-13-05
Evaluation note from Advantage Healthcare Systems dated 06-23-05
Prescription copy for Rx Vicodin and Diazepam
Work status copy from 09-07-05 off work
MRI report Lumbar Spine dated 06-02-05

REQUESTED SERVICE

The requested service is a 10 session chronic pain management program.

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 his injury. There is however significant doubt that this type of chronic pain management program would benefit Mr. ___ at this stage in his treatment. From a theoretical point of view, these goals would certainly benefit the patient; however, from a clinical standpoint, the reviewer indicates that his limited progress and responses to date indicate that he would have a poor outcome from this type of continued treatment. He has presented a negative response to physical therapy and previous session of chronic pain management. The patient has reported adequate control of pain with his current medications and there have not been any reported problems with his current dose.

The reviewer notes that the patient has undergone extensive treatment with no significant change in his clinical condition and the participation in this program is also very unlikely to cause a change in his pain or perception of pain. The reviewer does not feel that participation in this program will result in any ongoing progress toward recovery.

REFERENCES

- (1) Albright, et al (including Philadelphia and Ottawa Panel Members). Philadelphia Panel Evidence-Based Clinical Practice Guideline on Selected Rehabilitation Interventions for Low Back Pain. *Physical Therapy*. 81(10). Oct. 2001.
- (2) Effects of Noradrenergic and Serotonergic Antidepressants on Chronic Low Back Pain Intensity. Atkinson JH, Slater MA, Wahlgren DR, et al. *Pain*. 1999; 83(2): 137-45.
- (3) Co morbid Psychiatric Disorders and Predictors of Pain Management Program Success in Patients with Chronic Pain. Workman EA, Hubbard JR, Felker BL. (Records supplied by publisher). *Aug 2002*. 4(4) p. 137-140.
- (4) American Academy of Pain Management Guidelines.

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 25 day of May 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli