

  
**INDEPENDENT REVIEW INCORPORATED**

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**June 30, 2006**

**Re: MDR #: M2 06 1340 01 Injured Employee: \_\_\_**  
**DWC #: \_\_\_ DOI: \_\_\_**  
**IRO Cert. #: 5055 SS#: \_\_\_**

**TRANSMITTED VIA FAX TO:**

**TDI, Division of Workers' Compensation**

Attention: \_\_\_

Medical Dispute Resolution

Fax: (512) 804-4868

**RESPONDENT: Texas Mutual Ins.**

**REQUESTOR: Alta Vista Healthcare**

**TREATING DOCTOR: Donald Dutra, MD**

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the office manager of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him 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 Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in anesthesiology with special qualifications in pain management and is currently listed on the DWC Approved Doctor List.

**P.O. Box 855  
Sulphur Springs, TX 75483  
903.488.2329 \* 903.642.0064 (fax)**

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by Independent Review, Inc. is deemed to be a DWC decision and order.

### 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.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on June 30, 2006.

Sincerely,

The image shows a stylized handwritten signature consisting of the lowercase letters 'j' and 'c' in a bold, black font. The 'j' has a dot above it, and the 'c' is a simple, rounded shape.

Jeff Cunningham, DC  
Office Manager

**REVIEWER'S REPORT  
M2 06 1340 01**

**Information Provided for Review:**

1. Medical records from Dr. Dutra
2. Lumbar MRI scan
3. Electrodiagnostic studies
4. Pain management evaluation from Mr. Bohart
5. Physician adviser reports regarding the request for 20 sessions of a chronic pain management program

**Clinical History:**

This claimant was allegedly injured on \_\_\_\_\_. He developed low back pain radiating into his lower extremities. A lumbar MRI scan was performed on 4/20/05. It demonstrated slight annular bulge at L1/L2, mild circumferential posterior bulge at L2/L3 and L3/L4, moderate circumferential posterior bulge at L4/L5, and moderate focal central and left disc protrusion at L5/S1, displacing the proximal left S1 nerve root sleeve. Also noted was a more focal protrusion along the far left posterolateral disc margin creating significant left foraminal stenosis with flattening of the left L5 nerve root sleeve. Dr. Dutra performed electrodiagnostic studies on 07/08/05, demonstrating findings consistent with a left S1 radiculopathy. The patient subsequently underwent a lumbar epidural steroid injection, allegedly obtaining significant relief. A second lumbar epidural steroid injection was then apparently requested but denied. The claimant then received individual psychology treatment with no benefit and then a work hardening program, which he failed due to continued and increasing pain. A request was then processed for 20 sessions of a chronic pain management program. This request has been evaluated by 2 different physician advisers, both of whom have recommended nonauthorization of the requested services.

**Disputed Services:**

Preauthorization for 20 sessions of chronic pain management program.

**Decision:**

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

**Rationale:**

This claimant has not exhausted all appropriate medical treatment and evaluation. He has had 1 lumbar epidural steroid injection, which, according to the records, provided him with significant relief. Based upon that, additional epidural steroid injections up to a maximum of 3 should be performed. He has clear MRI evidence of left L5/S1 disc pathology and left L5 and S1 nerve root compression, substantiated by positive EMG studies. If the claimant did not obtain significant relief from further epidural steroid injections, he should be evaluated by a neurosurgeon for consideration of lumbar spine surgery. Additional studies such as myelogram may be necessary in order to determine whether the claimant is an appropriate surgical candidate. It is not, however, medically reasonable or necessary for the claimant to be considered for chronic pain management program unless and until all appropriate medical treatment and evaluation have been completed. In this case, that is clearly not the situation. Tertiary levels of care such as a chronic pain management program are not appropriate if options for further medical treatment and evaluation still exist. Since this claimant has not had lumbar myelogram nor been evaluated by a neurosurgeon, nor, for that matter, completed an appropriate number of lumbar epidural steroid injections, he is clearly not at the end of appropriate treatment protocols. Furthermore, based upon the fact that the claimant has obtained no significant clinical benefit from previous attempts at psychological treatment and a work hardening program, it is highly unlikely that the claimant would benefit from a chronic pain management program, which essentially is not significantly different than the failed treatment programs that have already occurred. It is, in my opinion, highly likely that the reason for the treatment failure thus far is that the claimant continues to have inadequately treated lumbar disc pathology rather than there being nontreatable pathology. Therefore, there is no current medical reason or necessity for 20 sessions of a chronic pain management program as related to the claimant's work injury or \_\_\_\_.

**Screening Criteria/Treatment Guidelines/Publications Utilized:**

Standard, accepted justification for a chronic pain management program includes that a candidate for such a program have exhausted all appropriate medical treatment and evaluation. Since this claimant has clear objective evidence of lumbar disc and nerve root pathology as evidenced by both MRI scan and EMG studies, there is clearly medical necessity for further medical evaluation and treatment. In that regard, these further evaluations and treatment must be exhausted before it can be determined that no other treatment options remain.