

July 5, 2006

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

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-06-1347-01

CLIENT TRACKING NUMBER: M2-06-1347-01/5278

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 from the State:

Notification of IRO Assignment

Notification of Receipt of a request for Medical Dispute Resolution

Medical Dispute Resolution Request/Response form

Provider List

Table of Disputed Services

Denial letters 3/31/06, 4/17/06

2875 S. Decker Lake Drive Salt Lake City, UT 84119 / PO Box 25547 Salt Lake City, UT 84125-0547

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Records from Insurance Company/Respondent:

Carrier's statement/Request for Hearing, 6/21/06
Initial Medical Report, 9/19/05
Report of MRI of right wrist, 11/4/05
Operative Report, 12/1/05
Electrodiagnostic evaluation, 1/21/06
Report of Medical Evaluation, 3/21/06
FCE Report 3/9/06
Denial letters 3/31/06, 4/17/06
SOAP note, 4/19/06

Records from the Requestor:

Letter from Dean McMillan, MD, 5/30/06
Request for Reconsideration, 4/6/06
Preauthorization request, 3/23/06
Mental Health Evaluation, 3/2/06

Summary of Treatment/Case History:

The claimant is a 30 year-old gentleman who allegedly suffered a workplace injury on _____. Subsequently he developed right arm and hand pain. Physical examination reveals weakness of all muscle groups and diminished sensation in all dermatomes of the right upper extremity. An EMG/NCV study of the right upper extremity was read as normal. An MRI of the right wrist revealed a full-thickness tear involving the ulnar aspect of the triangular fibrocartilage complex. He underwent surgical treatment of the injury on ___; however, the pain has continued. An FCE on 3/9/06 revealed profound motor weakness of the right arm and hand and diminished range of motion of all joints of the right hand.

Questions for Review:

1. Items in dispute: Pre-auth denied for chronic pain management x 20 sessions.

Explanation of Findings:

The submitted medical record does not substantiate the satisfaction of the usual selection criteria for entry into a multidisciplinary chronic pain management program. In particular, there is no indication that the patient has been referred by his primary care physician, or that he has undergone trial of conventional methods of treatment. There are no clinical notes at all from the requesting physician, nor is there the usual multidisciplinary evaluation. Based on these considerations, the requested 20 sessions of chronic pain management program are not medically necessary.

Conclusion/Decision to Not Certify:

1. Items in dispute: Pre-auth denied for chronic pain management x 20 sessions. The requested 20 sessions of chronic pain management are not warranted or medically necessary for the reasons stated above.

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

The usual selection criteria for entry into a multidisciplinary chronic pain management program are:

1. Referral for entry has been made by the primary care physician/attending physician; and
2. Patient has experienced chronic non-malignant pain (not cancer pain) for 6 months or more; and
3. The cause of the patient's pain is unknown or attributable to a physical cause, i.e., not purely psychogenic in origin; and
4. Patient has failed conventional methods of treatment; and
5. The patient has undergone a mental health evaluation, and any primary psychiatric conditions have been treated, where indicated; and
6. Patient's work or lifestyle has been significantly impaired due to chronic pain; and
7. If a surgical procedure or acute medical treatment is indicated, it has been performed prior to entry into the pain program.

References Used in Support of Decision:

Patrick, et al. (2004). Long-term outcomes in multidisciplinary treatment of chronic low back pain: results of a 13-year follow-up. *Spine* 29: 850-5.

Skouen, et al. (2002). Relative cost-effectiveness of extensive and light multidisciplinary treatment programs versus treatment as usual for patients with chronic low back pain on long-term sick leave: randomized controlled study. *Spine* 27: 901-9; discussion 909-10.

Haldorsen, et al. (2002). Is there a right treatment for a particular patient group? Comparison of ordinary treatment, light multidisciplinary treatment, and extensive multidisciplinary treatment for long-term sick-listed employees with musculoskeletal pain. *Pain* 95: 49-63.

Guzman, et al. (2002). Multidisciplinary bio-psycho-social rehabilitation for chronic low back pain. *Cochrane Database Syst Rev* CD000963.

Turk (2001). Combining somatic and psychosocial treatment for chronic pain patients: perhaps 1 + 1 does = 3. *Clin J Pain* 17: 281-3.

Flor, et al. (1992). Efficacy of multidisciplinary pain treatment centers: a meta-analytic review. *Pain* 49: 221-30.

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The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the National Board of Medical Examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

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.

In accordance with Division Rule 102.4(h), 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 this 5th day of July 2006.



Valerie S. Ottman

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.

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Case Analyst: Valerie O ext 554

cc: Requestor, Respondent

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