

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:	_____
IRO CASE NUMBER:	M2-06-1404-01
NAME OF REQUESTOR:	Allied Multicare Centers
NAME OF PROVIDER:	Michah B. Mordecai, D.C.
REVIEWED BY:	Licensed by the Texas State Board of Chiropractic Examiners
IRO CERTIFICATION NO:	IRO 5288
DATE OF REPORT:	07/19/06

Dear Allied Multicare Centers:

Professional Associates has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5288). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to Professional Associates for an independent review. The reviewing physician selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the reviewing physician reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal.

This case was reviewed by a physician reviewer who is Licensed by the Texas State Board of Chiropractic Examiners and is currently listed on the DWC Approved Doctor List.

I am the Secretary and General Counsel of Professional Associates 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 the provider, the injured employee, the injured

M2-06-1404-01

Page Two

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.

REVIEWER REPORT

Information Provided for Review:

An emergency services note from an unknown provider (the signature was illegible) dated 10/20/03

X-rays of the lumbar spine interpreted by Dennis L. Parks, M.D. dated 10/20/03

An emergency services note from another unknown provider (the signature was illegible) dated 12/21/03

Evaluations with Les Benson, M.D. dated 05/05/04, 12/22/04, 01/05/05, 03/01/05, 05/03/05, 07/19/05, 08/30/05, 10/18/05, 11/08/05, 11/15/05, 12/21/05, 01/24/06, 01/25/06, 03/10/06, 04/11/06, and 05/23/06

Evaluations with H. Bruce Hamilton, M.D. dated 10/07/04 and 10/28/04

An MRI of the lumbar spine interpreted by Jim Olsted, M.D. dated 10/20/04

A TWCC-53 form dated 12/03/04

Evaluations with Micah Mordecai, D.C. dated 12/08/04, 12/30/04, 06/30/05, 11/29/05, and 01/24/06

Chiropractic therapy with Dr. Mordecai dated 12/08/04, 12/09/04, 12/13/04, 12/15/04, 12/17/04, 12/20/04, 12/21/04, 12/22/04, 12/27/04, 12/29/04, 12/30/04, 01/03/05, 01/05/05, 01/10/05, 01/12/05, 01/17/05, 01/19/05, 01/21/05, 01/26/05, 01/28/05, 02/01/05, 02/02/05, 02/04/05, 02/07/05, 02/28/05, 03/09/05, 03/16/05, 03/23/05, 03/28/05, 04/04/05, 04/13/05, 04/22/05, 04/29/05, 05/06/05, 05/23/05, 08/12/05, 08/26/05, 09/14/05, 09/19/05, 09/23/05, 09/28/05, 09/30/05, 10/04/05, 10/07/05, 10/12/05, 10/14/05, 10/18/05, 10/19/05, 10/21/05, 10/26/05, 10/28/05, 11/08/05, 11/09/05, 11/15/05, 11/16/05, 11/18/05, 11/22/05, 11/23/05, 11/28/05, 11/29/05, 11/30/05, 12/02/05, 12/05/05, 12/07/05, 12/15/05, 01/11/06, and 04/10/06

TWCC-73 forms from Dr. Mordecai dated 12/08/04 and 12/02/05

Evaluations with Patrick Cindrich, M.D. dated 01/31/05, 04/25/05, 06/06/05, 06/20/05, and 12/27/05

A behavioral evaluation with Tatia Miller, M.A., L.P.C. dated 02/03/05

EMG/NCV studies interpreted by Roger D. Harman, M.D. dated 02/15/05 and 03/01/05

M2-06-1404-01

Page Three

Individual psychotherapy with David Fitzpatrick, L.C.S.W. dated 03/08/05, 03/21/05, 03/29/05, 04/07/05, 05/11/05, 05/19/05, 06/03/05, 06/30/05, 07/26/05, 08/16/05, 08/25/05, 09/19/05, 09/27/05, 11/17/05, 12/02/05, 12/06/05, and 12/13/05

A prescription written by Dr. Cindrlich on 05/20/05

A CT scan of the lumbar spine interpreted by D.G. Jarsma, M.D. dated 06/02/05

An operative report from Ted Ray Smith, M.D. and Dr. Cindrlich dated 06/06/05

X-rays of the lumbar spine interpreted by Thomas Brian White, M.D. dated 06/06/05

A pathology report interpreted by E. E. Morrison, M.D. dated 06/06/05

A discharge summary from Dr. Cindrlich dated 06/09/05

X-rays of the lumbar spine interpreted by David O. Risinger, M.D. dated 06/20/05

A unilateral duplex Doppler vascular study interpreted by Dr. Risinger dated 06/20/05

Evaluations with J. Scott Crockett, D.O. dated 08/24/05 and 09/28/05

A letter from Joel D. Wilk, M.D. at Forte dated 10/12/05

A letter from Victoria Edwards, L.V.N. at Forte dated 10/13/05

A CT scan of the lumbar spine interpreted by Amy McCourt, M.D. dated 12/14/05

A Functional Capacity Evaluation (FCE) with Dr. Mordecai dated 01/12/06

Letters of recommendation from Christopher R. Blair, D.C. dated 01/20/06, 01/30/06, 03/14/06, 03/21/06, and 03/22/06

A note of recommendation from Dr. Mordecai dated 01/25/06

Letters of adverse determination from UniMed Direct, L.L.C. dated 01/25/06, 02/01/06, 03/17/06, and 03/29/06

A letter of preauthorization request from Melody Libby, M.Ed., L.P.C. dated 02/02/06

A letter of approval from UniMed Direct dated 02/10/06

An updated behavioral medicine consultation with Ms. Libby dated 02/28/06

Notes of recommendation from Dr. Mordecai and Ms. Libby dated 03/10/06

A Designated Doctor Evaluation with Stevan Cordas, D.O. dated 03/20/06

Clinical History Summarized:

On 10/20/03, the unknown provider gave the patient a Medrol Dosepak, Lortab, and Flexeril. X-rays of the lumbar spine interpreted by Dr. Parks on 10/20/03 revealed degenerative changes at L5-S1. On 12/21/03, the unknown provider gave the patient Parafon Forte and Anaprox DS. An MRI of the lumbar spine interpreted by Dr. Olsted on 10/20/04 revealed degenerative changes at L4-L5 and L5-S1. Chiropractic therapy was performed with Dr. Mordecai from 12/08/04 through 04/10/06 for a total of 67 sessions. On 12/30/04, the patient was able to function in the sedentary physical demand level and continued therapy was recommended by Dr. Mordecai. Dr. Cindrlich recommended surgery on 01/31/05. On 02/03/05, Ms. Miller recommended individual psychotherapy and biofeedback. An EMG/NCV study interpreted by Dr. Harman on 02/15/05

M2-06-1404-01

Page Four

revealed axonal injuries to the right sural sensory and right tibial motor nerves. Another EMG/NCV study interpreted by Dr. Harman on 03/01/05 revealed possible radiculopathy at L4-L5. Individual psychotherapy was performed with Mr. Fitzpatrick from 03/08/05 through 12/13/05 for a total of 17 sessions. A CT scan of the lumbar spine interpreted by Dr. Jarsma on 06/02/05 revealed degenerative changes at L5-S1. On 06/06/05, Dr. Cindrigh performed a decompression, fusion, and instrumentation placement at L5-S1. X-rays of the lumbar spine interpreted by Dr. Risinger on 06/20/05 revealed the surgery at L5-S1 with grade I slippage. A Doppler study of the right leg performed on 06/20/05 and interpreted by Dr. Risinger was unremarkable. On 08/24/05, Dr. Crockett recommended individual therapy and biofeedback, along with Lexapro. On 11/29/05, Dr. Mordecai indicated the patient functioned at a sedentary light physical demand level and recommended continued chiropractic therapy. A CT scan of the lumbar spine interpreted by Dr. McCourt on 12/14/05 revealed postsurgical changes at L5-S1. On 01/12/06, Ms. Libby recommended a chronic pain management program. An FCE with Dr. Mordecai on 01/12/06 indicated he wanted to have her in a pain management program. On 01/20/06, Dr. Blair provided a preauthorization request for the pain management program. On 01/25/06 and 02/01/06, UniMed wrote letters of adverse determination for the pain management program. Ms. Libby provided a preauthorization request for the pain management program on 02/02/06. A letter of approval for the pain management program was provided by UniMed on 02/10/06. On 03/10/06, Dr. Mordecai and Ms. Libby continued to recommend the pain management program. Dr. Blair provided another preauthorization request for the pain program on 03/14/06. UniMed Direct wrote letters of adverse determination on 03/17/06 and 03/29/06. On 03/20/06, Dr. Cordas placed the patient at Maximum Medical Improvement (MMI) with a 10% whole person impairment rating. Dr. Blair provided a reconsideration request on 03/22/06.

Disputed Services:

Ten sessions of a chronic pain management program

Decision:

I disagree with the requestor. The 10 sessions of a chronic pain management program would not be reasonable or necessary.

Rationale/Basis for Decision:

The patient was injured on _____. The patient underwent conservative treatment to the lumbar spine. She eventually had to have surgery to the lumbar spine on 06/06/05, which included a 360 degrees fusion of L5-S1. She began postoperative rehabilitation on 09/14/05.

The treatment in question is 10 sessions of a chronic pain management program. According to the North American Spine Society Guidelines for Multidisciplinary Spine Care Specialists, 2003, chronic pain management can be performed in the tertiary phase of care, which begins four to six months post injury or post surgery. This phase of care is described as “involving medically directed interdisciplinary, individualized, and intensive services designed for patients already demonstrating physical and psychosocial changes consistent with chronic pain and disability of marked severity. In general, differentiation from secondary treatment includes medical direction, intensity of services, severity of injury, individualized programmatic protocols with integration of physician, mental health and disability or pain management services and specificity of physical/psychosocial assessment, with all interdisciplinary team members”. The medical documentation does not state the program in question is interdisciplinary, which is a major aspect of a chronic pain program. In addition, the “Evidence based clinical practice guidelines for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients” from the National Guidelines Clearinghouse states that, “the current guidelines recommend that CPS patients be evaluated by healthcare professionals with specialized training in chronic pain management. The initial evaluation should be performed by a qualified physician and a psychologist. The content of the medical and psychological evaluations needs to include a detailed medical and psychological/behavioral history, review of all clinical records and diagnostic data, and thorough physical and behavioral psychological examinations by the appropriate professionals”. There is no evaluation in the medical records provided for my review with regard to the patient’s psychological or behavioral aspects. The only report found in the records dealing with a behavioral assessment with regard to the chronic pain program is a report dated 02/07/06 from Melody Libby, L.P.C. Ms. Libby states in her report that “a behavioral health update is necessary to ascertain the scope of severity of Ms. ___’s emotional reactivity and pain management capability”. Thus, with the lack of proof of an interdisciplinary program and no psychological or behavioral examination to show if the patient would benefit from a chronic pain program, the 10 sessions of a chronic pain management program are not medically necessary at this time.

The rationale for the opinions stated in this report are based on clinical experience and standards of care in the area as well as broadly accepted literature which includes numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with Professional Associates is deemed to be a Division decision and order.

M2-06-1404-01

Page Six

YOUR RIGHT TO REQUEST A HEARING

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. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
TDI-Division of Workers' Compensation
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.

I hereby verify that a copy of this Independent Review Organization's decision was sent to the respondent, the requestor, DWC, and the patient via facsimile or U.S. Postal Service this day of 07/19/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel