



Specialty Independent Review Organization, Inc.

June 28, 2006

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

Patient: ____
DWC #: ____
MDR Tracking #: M2-06-1459-01
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

This 59-year-old male injured himself while getting out of his truck, falling on his elbows and back. He also reports injuring his neck and back. He has had a cervical fusion and a revision of this fusion, he also has had nerve blocks and discograms. His current medications include hydrocodone, cyclobenzaprine, ambien, topol, altase, isosorbine and aspirin.

RECORDS REVIEWED

Records from Doctor/Facility: Medical records from Dr. Vaughan spanning several years

Records from Carrier: 4/17 Letter from Concentra; 3/17 Letter from Intracorp; Fort Wroth Healthcare Systems physical performance exam; Dr. Reddick's exam; Ms. Smith's notes; TWCC 60 & addendum; Fort Worth Healthcare Systems-Request for Appeal-Ms. Smith; Fort Worth Healthcare Systems-evaluation; Fort Worth Healthcare Systems-examination findings; Medical records from Dr. Vaughan spanning several years; Positive Pain Management-Psychological evaluation report; Dr. Westergard consult; Dr. Duncan notes; MMI report of 4/6/2002; Operative report-11/7/2001; Operative report-9/27/2001; Epidural steroid injections on 4/27/2000 and 5/12/2000; Cervical Discogram; Epidural blood patch; Myelogram, MRI report; L4 selective nerve block.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a chronic behavioral pain management program X ten sessions.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that this decision is supported by Clinical Practice Guidelines for Chronic Non-malignant Pain Syndrome Patients II: an evidence-based approach. J Back Musculoskeletal Rehabilitation, 1999; 13: 47-58. "It is recommended that chronic non-malignant pain syndrome patients be accepted for treatment if there is a reasonable chance of showing significant improvement in at least three of the first seven program goals (i.e., increased productivity, reduced medication misuse, reduced subjective pain intensity, etc.)".

These include:

- Reduce the misuse, overuse, or dependency on medications (defined here as continuous use of therapeutic levels of opioids or sedative/hypnotics, or any other medications for pain or related symptoms, above the maximum recommended daily doses or duration, and physical or psychological dependency), and reduce the use of invasive medical procedures.
- Maximize and maintain optimal physical activity and function
- Return to productive activity at home, socially, and/or at work
- Increase the patient's ability to self-manage pain and related problems
- Reduce subjective pain intensity
- Reduce/eliminate the use of ongoing health care services for primary pain complaint.
- Provide useful information to the patient and professionals involved in the case to help resolve any medical/legal issues and allow case settlement

He does meet the criteria for at least 3 of the goals and therefore is an appropriate candidate for a chronic pain management program.

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 28th day of June 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli