

  
**INDEPENDENT REVIEW INCORPORATED**

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**June 27, 2006**

**Re: MDR #: M2 06 1461 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: Albertson's**

**REQUESTOR: Fort Worth Healthcare Systems**

**TREATING DOCTOR: Bryce Benbow, DO**

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 Physical Medicine and Rehabilitation as well as Pain Medicine 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 27, 2006.

Sincerely,



Jeff Cunningham, DC  
Office Manager

**REVIEWER'S REPORT  
M2 06 1461 01**

**Information Provided for Review:**

1. Office notes from treating physicians
2. Physical performance examination
3. Imaging reports
4. Procedure notes
5. Notes from consulting pain physicians
6. Psychological evaluation
7. Interdisciplinary Pain Rehabilitation Program notes and evaluations

**Clinical History:**

The patient had a slip-and-fall type accident at work in which she fell onto her buttocks and right hip area, catching herself with the left shoulder and right wrist. The initial treating physician's examination was performed on 10/20/04 and had a tentative diagnosis of cervicothoracic strain, lumbosacral strain, left shoulder strain, right hip contusion/strain, posttraumatic cephalgia spasm, tension type, right wrist strain, resolved, right leg organized hematoma mass presumptive. The patient underwent extensive conservative physical therapies and medication management. She additionally had multiple imaging of various involved body parts and had therapeutic injections in her low back regions. She finally was started in the Interdisciplinary Pain Rehabilitation Program in March 2006, of which she has thus far attended 10 sessions without significant improvement.

**Disputed Services:**

Ten sessions of Chronic Behavioral Pain Management Program.

**Decision:**

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

**Rationale:**

This patient has had a relatively minimally positive response to the Interdisciplinary Chronic Pain Management Program attended thus far. Given her relatively unchanged symptoms and psychological status, it is unlikely that she will have any significant benefit from attendance of 10 more sessions.

**Screening Criteria:**

There was no literature that was appropriate for this case and it fit into no guidelines found by the reviewer.