

  
**INDEPENDENT REVIEW INCORPORATED**

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**September 22, 2006**

**Re:    MDR #:        M2 06 1494 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:                    Zurich Insurance**

**REQUESTOR                     Healthtrust**

**TREATING DOCTOR:        Raul Martinez, 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.

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 September 22, 2006.

Sincerely,



Jeff Cunningham, DC  
Office Manager

**REVIEWER'S REPORT  
M2 06 1494 01**

**MEDICAL INFORMATION REVIEWED:**

1. Progress notes from Dr. Valdez dated 07/31/02 and 01/15/03
2. Initial evaluation from Dr. Martinez dated 09/22/05
3. Initial evaluation from Melissa DeLeon, LPC intern, dated 10/17/05
4. Individual psychotherapy progress notes dated 01/06/06 through 02/17/06
5. Repeat evaluation from Melissa DeLeon dated 03/13/06
6. Physician adviser evaluations regarding request for 30 sessions of chronic pain management program dated 04/13/06 and 05/10/06
7. Request for reconsideration dated 05/03/06 from chiropractor Cameron Jackson

**BRIEF CLINICAL HISTORY:**

According to the documentation I have reviewed, this claimant was allegedly injured on \_\_\_ when she slipped and fell forward onto her hands and knees, falling onto her abdomen. She was evaluated by Dr. Valdez, orthopedic surgeon, on 07/31/02, complaining of right knee pain only. An MRI scan had been performed on 06/03/02 demonstrating prepatellar bursitis as well as degenerative changes compatible with patellofemoral arthralgia. Dr. Valdez performed a steroid injection of the claimant's right knee, providing her with "90% relief." He stated that this indicated that the claimant's knee problem was "not radicular but rather within the knee itself." He followed up with the claimant on 01/15/03, who continued to complain of only intermittent right knee pain. He noted the claimant now weighed over 350 pounds (above maximum of scale). Physical examination, however, demonstrated no significant findings involving the right knee. Dr. Valdez stated that the claimant's right knee pain was "due to her standing, use, and her weight." He recommended weight loss and prescribed Naprosyn. Dr. Martinez evaluated the patient 2-1/2 years later for continuing right knee pain. He noted the claimant's subjective complaint of depression and crying spells. Physical examination documented no evidence of lumbar radiculopathy and moderate to severe tenderness to palpation of the outside of the claimant's right knee. Dr. Martinez did not perform a full knee evaluation. He recommended an MRI scan and started the claimant on Celebrex, despite the fact that she alleged a sulfa allergy. He also recommended chronic pain management and individual psychology sessions. Despite his stating that he was "concerned about her depression," he did not prescribe an antidepressant. On 10/17/05 the claimant was evaluated by Melissa DeLeon, an LPC intern. In that evaluation, she noted that the claimant was taking Darvocet once a day, Naprosyn as needed, and hydrocodone 5 mg as needed. She noted the claimant's subjective report of intolerance of sitting for more than 30 minutes, standing for more than 15 minutes, or walking more

than 30 minutes. The claimant was administered Beck Depression and Beck Anxiety Inventory Tests. She scored a 42 on the Beck Depression Inventory and a 41 on the Beck Anxiety Inventory, which were interpreted as "severe" levels of depression and anxiety. Melissa recommended that the claimant "be evaluated for pharmacologic medication for depression and anxiety" by Dr. Martinez and that she be referred for 6 individual psychotherapy sessions. The claimant then attended 6 psychotherapy sessions beginning on 01/06/06. Her initial pain level of 8/10 remained essentially unchanged throughout, and the progress notes indicate the claimant's ongoing subjective complaints of depression, walking problems, and frustration. At the conclusion of 6 sessions of individual counseling, the claimant was re-evaluated by Melissa DeLeon. That evaluation documented repeat BDI and BAI test results from 01/09/06, at the start of 6 individual psychotherapy sessions, as well as on 03/03/06, following their completion. It indicated that the claimant's BDI score had decreased from 42 on 10/17/05 to 35 on 01/09/06 to 16 on 03/03/06. The BAI score had decreased from 41 on 10/15/05 to 21 on 01/09/06 to 12 on 03/03/06. The test scores on 03/03/06 indicated no more than a mild to moderate level of anxiety and depression and clear evidence of decreasing depression and anxiety. The claimant was then recommended for attending 30 days of a chronic pain management program. The initial request was denied by a physician adviser board certified in physical medicine and rehabilitation based upon the fact that there was no documentation that the claimant had completed full medical treatment nor of the claimant having significant depression. It was also noted that the claimant was not taking antidepressants. A request for reconsideration of this denial was submitted on 05/03/06 by chiropractor Cameron Jackson. A reconsideration was performed on 05/10/06 by a board certified psychiatrist and pain management physician who upheld the denial based upon the fact that the claimant had clear evidence of improvement in her anxiety and depression following 6 sessions of individual psychotherapy, lack of MRI evidence of pathology, and evidence that lower levels of care would provide a significant improvement.

DISPUTED SERVICES:

Thirty sessions of chronic pain management program.

DECISION:

I AGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER IN THIS CASE.

RATIONALE OR BASIS FOR DECISION:

There are several reasons why this claimant is not an appropriate candidate for a chronic pain management program as related to her work-related injury. First and foremost, there is no objective evidence of the claimant sustaining any damage, injury, or harm to any part of her body as a result of the alleged slip-and-fall event on \_\_\_\_\_. The only MRI documentation is of degenerative changes of the claimant's right knee, which is an ordinary disease of life consistent with her morbid obesity and the expected sequelae from that condition. Her morbid obesity, of course, has nothing whatsoever to do with her work injury. Therefore, the claimant's chronic knee complaints, in my opinion, have

no relationship to the slip-and-fall injury over 4 years ago but are related solely to her ongoing ordinary disease of life condition of morbid obesity. Second, it is abundantly clear that individual psychotherapy sessions provided this claimant with significant improvement in her psychological testing scores, which would indicate that a greater level of treatment is not medically reasonable or necessary. The chronic pain management program, therefore, is not medically reasonable or necessary based upon the evidence that individual psychotherapy sessions alone provided this claimant with significant improvement in her psychological test scores. The fact that the claimant did not obtain significant pain relief through individual psychotherapy is, in my opinion, not related to any psychological condition but, rather, to her morbid obesity and subsequent degenerative joint disease of her right knee. Third, this claimant has not exhausted all appropriate medical treatment options, as she has not had a recent orthopedic evaluation, has not had a recent MRI scan, and has not had even a trial of antidepressants. Given the significant improvement documented following individual psychotherapy, the addition of an antidepressant is far more reasonable than is enrollment in 30 sessions of her chronic pain management program. Fourth, medical literature does not support either a duration of 30 sessions for chronic pain management program nor automatic admission for 30 sessions of her chronic management program initially. A study by Sanders, et al, in The Journal of Back and Musculoskeletal Rehabilitation, 1999, clearly stated that there was no medical evidence of support in the medical literature for a greater degree of efficacy if more than 20 sessions of a chronic pain management program were attended. Moreover, that article also pointed out that it was inappropriate to admit a claimant to a full chronic management program initially, especially in the absence of objective evidence of significant psychopathology. Instead, that article recommended an initial trial of 1 or 2 weeks, at most, of a chronic pain management program to assess compliance and efficacy of a chronic pain management program. Given the fact that this claimant showed significant improvement in her psychological testing following 6 sessions of individual psychotherapy, yet no improvement in her subjective levels of frustration or pain, it is highly unlikely that a chronic pain management program would provide her with any greater benefit than all of the other treatment that has been provided to her including past treatment of physical therapy, medication trials (without an antidepressant) and, most recently, individual psychotherapy. Essentially, this claimant has failed all of the components of a chronic pain management program; therefore, in my opinion, there is no reasonable medical expectation that repeating these components within a chronic pain management program, would lead to any greater results. Therefore, for all of the reasons discussed above, this claimant is not, in my opinion, an appropriate candidate for a chronic pain management program, and it is not medically reasonable or necessary for her to have 30 sessions of a chronic pain management program as related to her alleged work injury of \_\_\_\_.