


INDEPENDENT REVIEW INCORPORATED

July 25, 2006

Re: MDR #: M2 06 1575 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: University Health Systems

REQUESTOR: Nueva Vida Behavioral Health Systems

TREATING DOCTOR: Rafael Parra, 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 a special qualification in pain management 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 July 25, 2006.

Sincerely,

The image shows a stylized handwritten signature consisting of the lowercase letters 'j' and 'c' in a bold, black font. The 'j' has a dot above it, and the 'c' is a simple, rounded shape.

Jeff Cunningham, DC
Office Manager

**REVIEWER'S REPORT
M2 06 1575 01**

Information Provided for Review:

1. Progress notes of Dr. Rafael Para, Dr. Michael Murphy, Dr. Jamie Ganz.
2. Numerous physical therapy notes.
3. Notes from Ms. Andrea Suflacht.

Clinical History:

This claimant allegedly sustained a work injury on _____. She was apparently pulling a plastic bag of dirty linen. MRI scan following the injury allegedly showed a left disc herniation at L5/S1 with a bulge at L4/L5. On 08/24/93 the claimant underwent bilateral lumbar laminectomy and posterior lumbar interbody fusion at L4/L5 followed by extensive physical therapy under the guidance of Dr. Para beginning in November 1993. She underwent 4 weeks of work conditioning after a functional capacity evaluation in April 1994 with a post work conditioning functional capacity evaluation showing that the claimant was functioning well enough to return to work. However, she continued more physical therapy and underwent a CT scan in June 1995, which showed a central and right disc herniation at L5/S1 but a normal EMG study. On 05/10/96 the claimant underwent bilateral laminectomy/discectomy with posterior interbody fusion at L5/S1 followed by more physical therapy through November 1996. Another lumbar MRI scan was performed in January 1997, demonstrating mild disc degeneration at L1/L2, L2/L3, and L3/L4 with epidural fibrosis at L4/L5 and L5/S1. There was no recurrent disc herniation or mass effect, nor any compression of the nerve roots. The claimant then had an epidural adhesion lysis procedure performed on 08/04/97 by Dr. Dar with followup on 08/11/97 indicating continued pain complaint despite 3 or 4 days of pain relief following the procedure. Another MRI scan was then performed on 12/08/98, which allegedly showed disc herniation at L3/L4 and L4/L5 with L3/L4 retrolisthesis. However, no such report was provided for my review. Second opinion was the performed with Dr. Dean, neurosurgeon, on 01/18/99. Dr. Dean reviewed the MRI scan of December 1998 and stated that there was not sufficient abnormality at either L3/L4 or L4/L5 to support surgery. He also saw no convincing evidence of lumbar instability. The claimant was then referred to Dr. Murphy who performed trigger point injections and epidural steroid injections on 04/05/99 and again on 04/12/99. Neither of these provided any significant pain relief. She then underwent lumbar sympathetic blocks on 05/03/99 and 05/10/99 followed by a trial of a 2-lead spinal cord stimulator on 07/14/99. The spinal cord stimulator, according to Dr. Murphy, provided no pain relief. Therefore, on 07/12/99, Dr. Murphy performed an intrathecal narcotic trial which, according to Dr. Para on 08/24/99,

provided the claimant with no relief. On 01/24/05 the claimant was seen by Dr. Para in followup who documented complaints of lumbar pain radiating to the right lower extremity. Previous complaints had involved the claimant's left lower extremity. On 01/25/06, Dr. Ganz performed a psychiatric evaluation. The evaluation did not include any testing or objective evaluation and appears to have been nothing more than a listing of the claimant's subjective complaints. Dr. Ganz recommended 6 sessions of individual psychotherapy followed by 10 sessions of a chronic pain management program. He also started the claimant in Lexapro. The claimant then underwent 2 months of individual psychotherapy from 02/07/06 through 04/10/06 by Ms. Suflacht. At the conclusion of that treatment, there was no significant improvement in the claimant's condition. Measures of pain level, pain index, Oswestry Index, sleep disturbance, and global assessment of functioning were all either unchanged or worse after the claimant's 2 months of individual psychotherapy. Requests were then made for 15 sessions of chronic pain management program, denied by 2 separate physician advisers. On 05/05/06, Ms. Suflacht wrote a rebuttal to the denial, providing no new medical information regarding the claimant's condition, again requesting 15 sessions of the chronic pain management program.

Disputed Services:

Fifteen days of chronic pain management to be rendered daily for 3 weeks.

Decision:

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

Rationale:

This claimant has not responded to any of the treatment that has been provided to her, including extensive amounts of injection therapy, physical therapy, spinal cord stimulation trial, intrathecal narcotic trial, work conditioning, and most recently, individual psychotherapy. Therefore, there is no valid medical reason to expect that a chronic pain management program would provide this claimant with any greater relief, as she has already had most, if not all, of the components of a chronic pain management program. Not only did the claimant obtain no significant clinical benefit from any of the treatment thus far, but her pain condition actually worsened as a result of the 8 recent individual psychotherapy sessions. Therefore, absent any significant clinical benefit from treatment with most, if not all, of the components of a chronic pain management program, there is no reasonable medical probability or expectation that a chronic pain management program would provide this claimant with any greater clinical benefit. There is nothing unique about combining the aspects of treatment, which this claimant has already had without clinical benefit, under the guise of a chronic pain management program that would provide a valid expectation of greater clinical benefit than the individual components alone. In fact, the worsened clinical condition following behavioral therapy in individual psychotherapy would, in my opinion, be a predictor of

poor outcome from further behavioral modification for psychologically-based treatment of this claimant's chronic pain.

Screening Criteria/Literature Cited:

Having failed virtually all of the components of a chronic pain management program individually as well as extensive amounts of physical therapy, a spinal cord stimulator trial, numerous injection therapies, and even an intrathecal narcotic trial, there is no rational basis to expect a chronic pain management program to provide this claimant with clinically significant benefit, functional restoration, return to work, or significant pain relief.