

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-1623-01
Name of Patient:	_____
Name of URA/Payer:	Texas Mutual Insurance
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	David Durkop, DC

July 25, 2006

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

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Sincerely,

Michael S. Lifshen, MD
Medical Director

cc:
Michael Soderstrom
David Durkop, DC
Division of Workers' Compensation

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DOCUMENTS REVIEWED

Notification of Assignment, MDR Request/Response
Appeal Request, Pinnacle Pain Management
Peer Review Report, Andrew Brylowski, MD
Peer Review Report, Vincent Amato, DC
Letter of Medical Necessity, David Durkop, DC
Behavioral Assessment, Michael Soderstrom, LPC
Physical Therapy Reports, David Durkop, DC
Designated Doctor Evaluation, George Lane, MD
Medical Reports, K. Bobby Pervez, MD
Imaging Reports, K. Francis Lee, MD
Operative Reports, K. Bobby Pervez, MD
Imaging Reports, Kevin Kegendre, MD
Carrier's Statement, LaTreace Giles, RN

CLINICAL HISTORY

This individual appears to have experienced a work related injury at his place of employment on ____ when a molding machine came down on a pair of tongs in his hands striking him on the chest and knocking him backward onto a concrete floor. He reports injuries to his chest, cervical spine and left shoulder. He was transported unconscious to the emergency room of the Polly Ryan Memorial Hospital where he was in intensive care for three days. He was transferred to Bay City Hospital, then St. Lukes Hospital, then Wharton Gulf Coast Hospital and subsequently to Matagorda Memorial Hospital. He has had several cardiovascular, internal medicine, orthopedic and neurological evaluations but has not had surgeries related to these injuries. Chest and spine imaging is found relatively normal with minor cervical disc bulging and neuroforaminal stenosis on the right at C3/4. EMG/NCV studies suggest mild median nerve entrapment with some evidence of C5/6 radiculopathy. He has undergone extensive physical therapy, injections, individual psychotherapy, work hardening and chiropractic treatments with a Dr. Durkop. The patient is diagnosed with cervicobrachial neuropathy. The patient also undergoes left stellate ganglion nerve blocks with Bobby Pervez, MD. An initial designated doctor evaluation is made with George Lane, MD on 02/08/06 suggesting that the patient had not reached MMI and that patient would require ROM therapy for the left shoulder and cervical

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myelogram to help define ongoing symptomology. Behavioral assessment of 05/10/06 suggests that the patient is experiencing chronic pain behavior and continues with medications including 50mg hydrocodone and 30mg Flexeril daily. Recommendations are made to include a multidisciplinary chronic pain management program involving a reduction of pain medication dependence and development of pain modification coping skills. This program is also to include ADL training and ROM activity. This is to progress to stretching, physical conditioning, stabilization exercise and work simulated activity. He is to follow with Dr. Pervez for pain medication modification.

Follow-up designated doctor evaluation with Dr. Lane on 05/17/06 suggests that the patient has progressed with left shoulder movement and symptomology and needs to continue with work hardening and functional conditioning. With continuation of this program the patient is expected to achieve MMI on or about 08/15/06.

REQUESTED SERVICE(S)

Determine medical necessity for proposed chronic pain management program x10 sessions.

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

Available documentation **does support medical necessity** for x10 sessions of chronic multidisciplinary pain management program, of this nature, specifically with the inclusion of physical conditioning, stabilization exercise, work simulated activity and pain medication extinction. Progress and potential for functional resolution appears confirmed by designated doctor evaluation and his recommendations.

- Work Loss Data Institute (ODG), ACOEM Guidelines.
- National Guideline Clearinghouse *Clinical practice for chronic non-malignant pain syndrome patients II*, J Back Musculoskeletal Rehabilitation 1999, Jan 1 13:47-58.

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- Aronoff GM, McAlary PW, Witkower A, et al. Pain treatment programs: Do they return workers to the workplace? *Occup Med.* 1988;3(1):123-136.
- Karjalainen K, Malmivaara A, van Tulder M, et al. Multidisciplinary biopsychosocial rehabilitation for neck and shoulder pain among working age adults. *Cochrane Database Syst Rev.* 2001;(3):CD002194.
- Vines SW, Cox A, Nicoll L, et al. Effects of a multimodal pain rehabilitation program: A pilot study. *Rehabil Nurs.* 1996;21(1):25-30, 40.
- Reinking J, Tempkin A, Tempkin T. Rehabilitation management of chronic pain syndromes. *Nurse Pract Forum.* 1995;6(3):139-144.
- Burns JW, Sherman ML, Devine J, et al. Association between workers' compensation and outcome following multidisciplinary treatment for chronic pain: Roles of mediators and moderators. *Clin J Pain.* 1995;11(2):94-102.
- Jensen MP, Turner JA, Romano JM. Correlates of improvement in multidisciplinary treatment of chronic pain. *J Consult Clin Psychol.* 1994;62(1):172-179.
- Flor H, Fydrich T, Turk DC. Efficacy of multidisciplinary pain treatment centers: A meta-analytic review. *Pain.* 1992;49(2):221-230.
- Csordas TJ, Clark JA. Ends of the line: Diversity among chronic pain centers. *Soc Sci Med.* 1992;34(4):383-393.
- Deardorff WW, Rubin HS, Scott DW. Comprehensive multidisciplinary treatment of chronic pain: A follow-up study of treated and non-treated groups. *Pain.* 1991;45(1):35-43.
- Rowlingson JC, Hamill RJ. Organization of a multidisciplinary pain center. *Mount Sinai J Med.* 1991;58(3):267-272.
- Rosomoff RS. Inpatient and outpatient chronic pain programs can be successful in returning patients to gainful employment. *Clin J Pain.* 1990;6(1):80-83.
- Peters JL, Large RG. A randomized control trial evaluating in- and outpatient pain management programmes. *Pain.* 1990;41(3):283-293.
- International Association for the Study of Pain. Task Force on Guidelines for Desirable Characteristics for Pain Treatment Facilities, 1990.

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The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials.

No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned individual. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the 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.

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.

Chief Clerk of Proceedings
Division of Workers' Compensation
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Rule 102.4(h), 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 this 26th day of July, 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell