

ZRC MEDICAL RESOLUTIONS

July 31, 2006

Re: MDR #: M2 06 1656 01 Injured Employee: ___
DWC #: ___ DOI: ___
IRO Cert. #: 5340 SS#: ___

TRANSMITTED VIA FAX TO:

TDI, Division of Workers' Compensation

Attention: ___

Medical Dispute Resolution

Fax: (512) 804-4868

RESPONDENT: Eagle Pacific Insurance

REQUESTOR: Valley Total Healthcare Systems

TREATING DOCTOR: Tajul Chowhury, MD

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to ZRC Medical Resolutions for an independent review. ZRC has performed an independent review of the medical records to determine medical necessity. In performing this review, ZRC 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 president of ZRC Medical Resolutions, 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 orthopedic surgery 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 ZRC Medical Resolutions, Inc. is deemed to be a DWC decision and order.

P.O. Box 855
Sulphur Springs, TX 75483
903.488.2329 * 903.642.0064 (fax)

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 31, 2006.

Sincerely,

jc

Jeff Cunningham, DC
President



**REVIEWER'S REPORT
M2 06 1656 01**

Information Provided for Review:

1. DWC assignment
2. MDR request
3. Table of Disputed Services
4. Nonapproval letters from Concentra Medical Center
5. Physician records from Dr. Chowdhury's office
6. Records from the insurance carrier

Clinical History:

The patient is a 47-year-old male who underwent previous spinal fusion and hardware removal for a work-related injury to the lumbar spine. The patient has chronic low back pain syndrome and has undergone 10 sessions of a chronic behavioral pain management program. An additional 10 sessions have been denied by the insurance carrier as medically unnecessary. The patient continues to have low back pain and leg paresthesias. In addition, the patient is being treated with pharmacologic management. He is also waiting a trial of a spinal column stimulator. Psychological clearance was performed for this stimulator, and this psychological evaluation recommended more behavioral pain management.

Disputed Services:

Ten sessions of behavioral chronic pain management have been denied as medically unnecessary.

Decision:

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

Rationale:

The two denials from Dr. Obermiller and from Dr. Babus are both based on review of medical records showing no significant improvement from the initial 10-session pain management program. I have reviewed these extensively, and the patient appears to have noticed a significant improvement and had not plateaued. The patient noticed increased

sitting tolerance and a lowering of digital analog scale of pain perception. In addition, coping skills were improved slightly with the first 10 sessions. I believe it would be appropriate to continue this program and would approve an additional 10 sessions with this program.

Screening Criteria/Literature:

1. Clinical experience with patients who have chronic pain.
2. Extensive review of the records.
3. Peer-reviewed journals such Spine and Pain. Both document efficacy of patient's perceptions of pain and behavioral/psychological score improvements with behavioral pain management.