

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-1660-01
Name of Patient:	_____
Name of URA/Payer:	Virginia Surety Co., Inc.
Name of Provider: (ER, Hospital, or Other Facility)	Positive Pain Management
Name of Physician: (Treating or Requesting)	Michael D. Dennis, MD

July 21, 2006

An independent review of the above-referenced case has been completed by a physician board certified in family practice. 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: _____
Positive Pain Management
Michael D. Dennis, MD
Division of Workers' Compensation

July 21, 2006

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DOCUMENTS REVIEWED

- Denial letters from Argus Service Corp.
- Clinical notes from Dr. Dennis
- IME per Dr. Mathews and clinical notes
- Clinical notes from Positive Pain Management
- Progress notes from Dr. Wiesenthal
- IME on 7/12/05
- Physical Performance Test on 3/24/03
- IME per Dr. Arredondo on 1/10/06.

CLINICAL HISTORY

Ms. ____ had a work related back injury on _____. She had extensive conservative treatment including physical therapy, medications, epidural steroid injections, and chiropractic care. Unfortunately, these treatments were uniformly unsuccessful and she underwent surgery in June, 2004. She continued to have a tumultuous course and developed chronic back and leg pain due to a failed lumbar fusion syndrome. To address her chronic pain, she was treated with medications, therapy, braces, biofeedback, and continued work absence due to her disability. An IME by Dr. Arredondo on 1/10/06 placed Ms. ____ at 10% disability. She was recently started on Lexapro for severe anxiety and depression.

REQUESTED SERVICE(S)

20-day chronic pain management program

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

This patient has participated individually in most, if not all, aspects of a CPMP. Unfortunately, she has not shown much progress. Furthermore, she appears to be severely depressed and anxious. Enclosed psychotherapy sessions show minimal improvement and no recent records are submitted to indicate any significant improvement on Lexapro. Standard of care dictates that a patient should be psychologically stable to benefit from the rigors of a CPMP. This view is supported by AAPMR and Medicare guidelines. For the above

reasons, she does not appear to be a candidate at this time for a CPMP and the request is not authorized.

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 24th day of July, 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell