



Specialty Independent Review Organization, Inc.

August 10, 2006

DWC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ____
DWC #: ____
MDR Tracking #: M2-06-1689-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor with a specialty in Anesthesia and Pain Management. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This woman sustained a work related injury to her cervical and thoracic areas. She has had a total of 20 sessions of a chronic pain program previously. She has had MRIs of the cervical thoracic and lumbar spine. An EMG/NCV and trigger point injections. She is currently on Robaxin, Zoloft and Relafen.

RECORDS REVIEWED

Records from Unimed: Decision and order Texas Dept of Insurance-12/19/05

Records from Carrier: Independent Review Organization summary; IRO/SOAH opinions list; Chronic pain guidelines from the national clearinghouse; RME Charles Kennedy-re-video

surveillance; Texas Workers' Compensation work status reports; Healthsouth Testing report; Decision and order Texas Dept of Insurance; MRI report-cervical spine; MRI report-lumbar spine; MRI report-thoracic spine; Upper and lower extremity electro diagnostic study; Total Pain Medicine and Anesthesiology-office notes/procedure notes; Dr. Small notes, history and physical; Summit Rehab Center notes and consult; CT scan results; physical therapy notes; Dr. Gonzalez-daily notes; Active Behavioral Health and Pain Rehab summary request; Active Behavioral Health and Pain Rehab-Chronic pain management plan and goals of therapy; Dr. Rogers notes

Records from Doctor/Facility: Dr. Rogers notes; Active Behavioral Health and Pain Rehab-summary request; Active Behavioral Health and Pain Rehab-Chronic pain management plan and goals of treatment, modalities, list, reconsideration, behavioral medicine consult; Dr. Small notes, history and physical; Summit Rehab Center notes and consult; Total Pain Medicine and Anesthesiology-initial consultation and office visits; MRI report-cervical spine; MRI report-lumbar spine; MRI report-thoracic spine; Upper and lower extremity electro diagnostic study.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of (97799-CP) Chronic Pain Management Program times 10 days regarding injury to lumbar, cervical and thoracic areas only.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

Guzman et al (Multidisciplinary bio-psycho-social rehabilitation for chronic low back pain (Cochrane review) In: The Cochrane Library, Issue 3, 2004. Chichester, UK: John Wiley and Sons, Ltd.) concludes that intensive multidisciplinary bio-psycho-social rehabilitation with a functional restoration approach improves pain and function as measured by return to work rates. Less intensive therapy did not show improvements in clinically relevant outcomes.

The newest version of the clinical guidelines states: “The literature continues to support outpatient treatment for CPS patients whenever possible, with an upper limit of 20 total primary treatment days in most cases.” (Sanders SH, Harden RN, Vicente PJ. Evidence-based clinical guideline for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients. Chattanooga (TN): Siskin Hospital for Physical Rehabilitation; 2005. 41 p.)

Exceptions to this rule should be based on a focused, achievable goal that was near completion and could be reached in a very short discrete time rather than a blanket extension of the program. The patient has made only limited progress after 20 sessions.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest between that 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.

Sincerely,

Wendy Perelli, CEO

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.

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the Division via facsimile, U.S. Postal Service or both on this 10th day of August, 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli