



September 19, 2006

Re: MDR #: M2 06 1722 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: ITT Hartford

REQUESTOR: Nueva Vida Behavioral Health Associates

TREATING DOCTOR: Curtis Clogston, 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 physical medicine and rehabilitation 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 ZRC Medical Resolutions, 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 September 19, 2006.

Sincerely,

The image shows the handwritten initials 'JC' in a stylized, cursive font. The 'J' is lowercase and has a dot above it, while the 'C' is uppercase and is slightly larger than the 'J'.

Jeff Cunningham, DC
President



**REVIEWER'S REPORT
M2 06 1722 01**

MEDICAL INFORMATION REVIEWED:

1. Records from Dr. Corey Fox dated 05/22/06.
2. Records from Dr. Brylowski dated 06/09/06.
3. Records from Dr. Michael Dolan dated 04/17/06.
4. Records from Dr. Yatsu dated 01/03/06.
5. Records from Dr. Yatsu dated 11/02/05.
6. Records from Dr. Joshi.
7. Records from Dr. Clogston.
8. Records from Nueva Vida, Behavioral Health Associates.
9. Records from Austin Radiological Association
10. Records from Corridor Medical Clinic

BRIEF CLINICAL HISTORY:

The claimant is currently a 62-year-old male who reportedly injured his lower back on ___ after which he underwent extensive therapeutic intervention including a lumbar laminectomy. He has had chronic low back pain reported since ____. In addition to have a right L3/L4 laminotomy, there is evidence of a prior L1 compression fracture identified in 2003 and not felt to be related to the original work incident of ____. He has completed a 2-week course of interdisciplinary chronic pain management at Corridor Medical Clinic.

DISPUTED SERVICES:

The disputed services are chronic pain management for 2 weeks.

DECISION:

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

RATIONALE OR BASIS FOR DECISION:

It is my belief that this gentleman has chronic back pain that has been present for over 5 years, which did not resolve with the surgical intervention. He has been managed primarily on Ultram and use of Lidoderm patches. His pain levels were reported to be a 5 prior to and at the end of the first 2 weeks of his chronic pain program. The physical therapy note while in the chronic pain program reflected that he had improved in some level of his function and capabilities as of 05/17/06. It appears as those this improvement

was due to the physical therapy as opposed to any other cognitive or behavioral interventions. His pain level remained the same, as did his reliance on Ultram. His primarily psychosocial stressor appears to be financial, which is not likely to be altered further with any additional behavioral pain management strategies. Certainly after 5 years he should be independent with a home exercise program that he may have appreciated with the recent physical therapy, but clearly he does not require a comprehensive interdisciplinary pain management program in order to benefit from physical therapy, or more specifically in this case, a home exercise program designed for his current condition.

SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS UTILIZED:

There are numerous citations in the medical literature identifying concerns pertaining to the benefit of interdisciplinary programs for chronic low back pain. Spine, 2001, FEB 1; 26 (3): 270-81 discusses that it is unknown what kind of patient would benefit from a behavioral-type treatment program. Spine, 2000, OCT 15; 25 (20): 2688-99 discusses similar findings with difficulty in determining who, if anyone, would benefit from a behavioral treatment program. The Cochran Data Base SYSP R.2005 JAN 25; (1): CV002014 discusses that there is no significant different between behavioral treatment and exercise therapy. It has been my experience in dealing with individuals with chronic low back pain, particularly those the age of this claimant, that the basis of future treatment would be an independent home exercise program once he has had the benefit, which he has, of a short course of interdisciplinary team approach. Additional intervention of this nature, in my opinion, beyond that which he has received has not helped to have a likely yield of improvement, particularly when looking at the pre and post interventional therapeutic scores from his prior exposure to an interdisciplinary pain program.