


INDEPENDENT REVIEW INCORPORATED

August 14, 2006

Re: MDR #: M2 06 1757 01 Injured Employee: ___
DWC #: ___ DOI: ___
IRO Cert. #: 5055 SS#: ___

TRANSMITTED VIA FAX TO:

TDI, Division of Workers' Compensation

Attention: ___

Medical Dispute Resolution

Fax: (512) 804-4868

RESPONDENT: Service Lloyds Insurance

TREATING DOCTOR: Dean McMillan, MD

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI 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 office manager of Independent Review, 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 anesthesiology with special qualifications in pain management 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 Independent Review, 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 August 14, 2006.

Sincerely,



Jeff Cunningham, DC
Office Manager

**REVIEWER'S REPORT
M2 06 1757 01**

Information Provided for Review:

1. Mental health evaluation dated 06/05/06 by Denise Turboff
2. Preauthorization request decisions and rationale
3. Reconsideration request dated 06/15/06 from Dr. McMillan

Clinical History:

According to the mental health evaluation completed by Denise Turboff on 06/05/06, this claimant was allegedly injured on ___ while working as a painter. He apparently was painting tanker when he hit his head on metal clips, causing a laceration of his head. A cervical MRI scan was performed on 12/12/05 demonstrating multilevel disc bulging with no spinal cord or nerve root compression, canal stenosis, or foraminal stenosis. A 3-mm RIGHT disc protrusion was noted at C6/C7. On 01/06/06, 3 weeks later, the claimant had an EMG study performed, demonstrating evidence of "early irritation of the LEFT C6 nerve root." The claimant then apparently had unspecified physical therapy and medication trials. At the time of the evaluation, he was taking Celebrex and Ultram. The mental health evaluation indicated the claimant had "average intelligence," although no intelligence testing was performed. It was also noted that the claimant was illiterate, and therefore, "all the written materials had to be read to the patient and recorded by the examiner." Additionally, the claimant complained of pain radiating from "the back of the neck down the LEFT arm" and stated that he had very little relief with the pain medication currently being used. Recommendation was then made for the claimant to attend 20 sessions of a chronic pain management program. This review has been reviewed by 2 separate physician advisers, both of whom have recommended nonauthorization of the request as not being medically reasonable or necessary.

Disputed Services:

Twenty sessions of chronic pain management program.

Decision:

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

Rationale:

A chronic pain management program is only appropriate when all appropriate medical evaluation and treatment has been completed, and there remains no other medically reasonable or necessary treatment. In this case, this claimant has not exhausted all appropriate medical treatment options. Additionally, the chronic pain management program lists as one of its criteria for admission the need to decrease the claimant's intake of medications. Clearly, taking just Celebrex and tramadol, neither of which is narcotic nor addictive, is not an excessive intake of medication. Additionally, since the claimant is admittedly illiterate and all of the alleged psychological testing materials have to therefore be read to him, there is no validity of those alleged psychological test results. There is far too great a possibility of bias being introduced into a process whereby the claimant himself does not complete the psychological evaluation and answer test questions on his own. Finally and perhaps most importantly, this claimant's pain complaints are entirely nonphysiologic and entirely nonsupportable, given the fact that his complaints are CONTRALATERAL to the side of the identified disc protrusion on cervical MRI scan. There is no valid medical mechanism by which LEFT spine pain can occur as a result RIGHT disc protrusion. Of note, the claimant also notes that her evaluation of the claimant was "based primarily on self-reported answers," which, given the fact that the claimant was illiterate and did not, in fact, provide those answers, makes any alleged mental health evaluation she performed of little to no valid clinical significance. "Self-reported answers" that are actually not provided by the claimant are, in fact, not self-reported and, therefore, invalidate the basis upon which Ms. Turboff bases her recommendation for chronic pain management program. Medical literature also does not substantiate an initial trial of 20 sessions of a chronic pain management program, which would constitute a complete and full chronic pain management program rather than just the beginning of such a program. Therefore, for all the reasons cited above, there is no medical reason or necessity for this claimant to attend a chronic pain management program, nor does he meet valid standard of care criteria for entrance into such a program.

Screening Criteria/Literature Utilized:

Standard accepted medical practice would not justify treating pain for which there is no objective evidence of support and, in this case, for which objective testing, in fact, demonstrates contralateral pathology. Furthermore, medical literature does not support an initial trial of 20 sessions of a chronic pain management program. In fact, medical literature supports only 1-week trials of a chronic pain management program in order to assess patient compliance and response. In fact, 20 sessions of a chronic pain management program is considered by medical literature to be a complete and total chronic pain management program (Sanders, et al, "General Back and Musculoskeletal Rehabilitation, Volume 13," 1999, pages 47-58).