

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

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## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-1964-01
Name of Patient:	
Name of URA/Payer:	Zurich American Insurance Co.
Name of Provider: (ER, Hospital, or Other Facility)	Texas Health
Name of Physician: (Treating or Requesting)	John Botefuhr, DC

October 10, 2006

An independent review of the above-referenced case has been completed by a physician chiropractic doctor. 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:  
Texas Health  
John Botefuhr, DC  
Division of Workers' Compensation

RE: \_\_\_\_

#### DOCUMENTS REVIEWED

Available documentation received and included for review consists of records from Drs. Botefuhr (DC), Ippolito (MD), and Chronic Pain Management intake assessments from (Eames, DO, Dodson, PT, Duran, LPC), IME's by Drs. Xeller (MD) and Sarris (MD), MRI and EMG/NCV reports and peer pre-auth denials.

#### CLINICAL HISTORY

Ms. \_\_\_\_, a 37-year-old female, sustained an on-the-job injury as a result of repetitive data entry/processing for a bank in early \_\_\_\_\_. She developed progressive pain, swelling numbness and tingling to the right wrist. It was reported as an injury on \_\_\_\_\_. Initially she was diagnosed with tenosynovitis of the right forearm and prescribed anti-inflammatories. Her problem worsened, however there was some apparent dispute with respect to compatibility which was not sorted out until mid 2005. She underwent some chiropractic/physical therapy treatment with limited results, eventually progressing to surgery after electrodiagnostic testing confirmed median nerve entrapment bilaterally. MRI of the wrist on 9/15/05 found a moderate degree of "crowding" of the flexor tendons within the carpal tunnel, anterior bowing of the flexor retinaculum and comparative prominence of the medial nerve and the carpal tunnel on both wrists.

She had carpal tunnel release surgery with Dr. Ippolito, the right wrist on 12/14/05, and the left wrist on 1/12/06. However she continued with difficulty to the right wrist. She followed up with some postoperative physical therapy, however persisted with problems to both wrists, primarily on the right. The amount of postoperative physical therapy was limited by the carrier.

Work hardening was recommended in April 2006, however this was denied by the carrier. She underwent six sessions of individual psychotherapy in June 2006 to 'develop pain control skills and facilitate adjustment', and this provided only limited results.

She was independently evaluated by a designated doctor on 4/27/06 and found to be at MMI with a 9% whole person impairment relating to upper extremity disorders.

RE: \_\_\_\_

Recommendation for chronic pain management was made by her treating doctor. Pain behavior analysis revealed reduction in postural and walking tolerances, lifting tolerances and self-described difficulties with even simple activities of daily living. Physical therapy evaluation revealed reduced motion and strength in the wrists, with compromised lifting abilities.

REQUESTED SERVICE(S)

Chronic pain management program 20 sessions

DECISION

Approve

RATIONALE/BASIS FOR DECISION

A chronic pain program involves a multidisciplinary approach and is reserved typically for outliers of the normal patient population, i.e. poor responders to conventional treatment intervention, with significant psychosocial issues and extensive absence from work<sup>(1,2)</sup>.

*Chronic pain or chronic pain behavior is defined as devastating and recalcitrant pain with major psychosocial consequences. It is self sustaining, self regenerating and self-reinforcing and is destructive in its own right as opposed to simply being a symptom of an underlying somatic injury. Chronic pain patients display marked pain perception and maladaptive pain behavior with deterioration of coping mechanisms and resultant functional capacity limitations. The patients frequently demonstrate medical, social and economic consequences such as despair, social alienation, job loss, isolation and suicidal thoughts. Treatment history is generally characterized by excessive use of medications, prolonged use of passive therapy modalities and unwise surgical interventions. There is usually inappropriate rationalization, attention seeking and financial gain appreciation<sup>(2)</sup>. These behaviors have been identified in this patient.*

Although this patient does not appear to have been through a work hardening program, the results of the psychological assessments and failed trial of individual psychotherapy tend to indicate that she would not perform well, even in a work hardening environment. The

RE: \_\_\_\_

psychological assessments identified maladaptive coping styles that would be best addressed in a behavioral chronic pain program.

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 11<sup>th</sup> day of October, 2006.

Signature of IRO Employee: \_\_\_\_\_

Printed Name of IRO Employee: Cindy Mitchell