

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

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## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-2000-01
Name of Patient:	
Name of URA/Payer:	American Home Assurance Co./ F.O.L.
Name of Provider: (ER, Hospital, or Other Facility)	Health Trust
Name of Physician: (Treating or Requesting)	Paul Raymond, DC

October 10, 2006

An independent review of the above-referenced case has been completed by a physician board certified in physical medicine and rehabilitation. 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.

October 10, 2006  
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Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: \_\_\_\_\_  
Health Trust  
Paul Raymond, DC  
Division of Workers' Compensation

RE: \_\_\_\_

DOCUMENTS REVIEWED

- IRO Assignment documents;
- Injury Center of Houston – medical notes/diagnostics;
- Healthtrust documents including Request for Medical Dispute Resolution, Request for Reconsideration, Progress Summary;
- Texas Pain Consultant follow-up note; and
- Flahive, Ogden & Latson response.

CLINICAL HISTORY

This is a 54 year old lady, who on or about \_\_\_\_ reportedly sustained a low back, left hip, and left leg injury. This was diagnosed as a lumbar strain and treated conservatively. Imaging studies noted degenerative changes however no acute pathology was identified. Injection therapies were applied. The response was marginal at best. The complaints were noted and to drift between a knee injury and shoulder injury and low back problem. Chiropractic intervention was noted along with the multiple medical modalities. A psychiatric intervention was completed noting a pain disorder. Individual counseling sessions were completed with no significant improvement noted. A six week program was identified. Additional chiropractic care was delivered. Moreover there is a progress and read in a July 21, 2006 indicating ten sessions of a chronic pain program had been completed. There is no documentation of any significant improvement or decrease in the amount of medications or implementation of the strategies noted. It would appear that there was a request for additional chronic pain program and this was not certified.

REQUESTED SERVICE(S)

Chronic pain management 5 X WK X 4 WKS, for a total of 20 sessions

DECISION

Denied

RATIONALE/BASIS FOR DECISION

As noted by the current literature, the maximum efficacy of a chronic pain in program is twenty (20) sessions. This claimant has already received ten sessions. Therefore each additional twenty sessions would

RE: \_\_\_\_\_

not be warranted. Beyond that, noting that there is no clearly objectifiable efficacy with the amount of chronic pain program already completed there is no clinical indication to repeat a failed program. A review of the literature noted that some programs are recommended. However, there needs to be clearly outlined outcome measurements and documented gains. That said there is ongoing research as to (1) what is considered the "gold-standard" content for treatment; (2) the group of patients that benefit from this treatment; (3) the ideal timing of when to initiate treatment; (4) the intensity necessary for effective treatment; and (5) cost-effectiveness. It has been suggested that interdisciplinary or multidisciplinary care models for treatment of chronic pain may be the most effective way to treat this condition. (Flor, 1992) (Gallagher, 1999) (Guzman, 2001) (Gross, 2005) (Sullivan, 2005) (Dysvik, 2005) (Airaksinen, 2006) (Schonstein, 2003) There are however, predictors of success and failure: As noted, one of the criticisms of interdisciplinary multidisciplinary rehabilitation programs is the lack of an appropriate screening tool to help to determine who will most benefit from this treatment. Retrospective research has examined decreased rates of completion of functional restoration programs, and there is ongoing research to evaluate screening tools prior to entry. (Gatchel, 2006) The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisory; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. (Linton, 2001) (Bendix, 1998) (McGeary, 2006) (McGeary, 2004) (Gatchel, 2005) Thus seeing a number of these predictors of failure in this case, and noting that the outcome measurements from this program are not noted, given that 10 sessions have already been completed with marginal if any improvement ; there is no competent, objective and independently confirmable medical evidence that this program is reasonable and necessary care for this claimant.

RE: \_\_\_\_\_

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