

IRO America Inc.

An Independent Review Organization

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December 14, 2005

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TDI-DWC #:

MDR Tracking #:

IRO #:

M2-06-0234-01

5251

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

IRO America 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.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed Provider, board certified and specialized in Psychology and Clinical Research. The reviewer is on the DWC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer 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 carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO Assignment, records from the Requestor, Respondent, and Treating Doctor(s), including:

- Advantage Health Care Systems Evaluation, 7/13/05, Billy Stone, LPC, Examiner.
- Advantage Health Care Systems Physical Performance Exam, 7/13/05, John Pispidikis, M.A., D.C., DACNB, AADEP
- Healthsouth Evaluation, 2/6/04, Melissa D. Tonn, M.D., Examiner
- Respondent Review, Evidence Based Guidelines, dated 10/31/05, unknown author.

CLINICAL HISTORY

___ (DOB ___) has a history of clinical depression, obesity, high blood pressure, and 2 previous work-related injuries (___, feet; ___, lower back). While working a double shift as a cashier at Walmart on ___, Ms. ___ reports experiencing a sudden-onset, burning pain in her left arm while lifting an unidentified object in a manner typical of her 8 hr/day job. The initial diagnosis for this injury was left arm nerve entrapment, and the causal medical diagnosis of pain is reflex sympathetic dystrophy of the left arm, of wrist, pain in joint unspecified, and pain in limb. In addition to extensive diagnostic testing (e.g., x-rays, muscle testing, range of motion testing, EMG/NCV, MRI, fluoroscopic examination, and venous ultrasound) Ms. ___ has undergone at least 3 years of medical treatment for this injury, including an extensive series of stellate ganglion and steroid bier blocks, tendon injections, medication management for pain (including extended use of opiates), and use of various orthopedic apparatuses. She has been under the care of a multi-disciplinary chronic pain management team for 10 sessions, and has received a psychological diagnosis of chronic pain disorder with both psychological features and a general medical condition, and major depressive disorder, recurrent.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of additional 10 sessions of chronic pain management.

DETERMINATION/DECISION

The Reviewer disagrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

Although Ms. ___ appears to have made somewhat conservative gains in her first 10 sessions with the Advantage Health Care team, the relative “speed” of response Ms. ___ demonstrates is simply not sufficient criteria for determining whether additional sessions of chronic pain management are medically necessary. Both Requestor and Respondent agree she has made some progress and the question is, would Ms. ___ benefit from further behavioral health care aimed at resolving her chronic pain and her resulting decline in psychological and social functioning? The treatment team at Advantage Health Care clearly indicates that Ms. ___ has not reached a plateau during her first 10 sessions, indicating room for progress during subsequent treatment. Therefore, The Reviewer agrees that it is entirely possible that Ms. ___’s strongest improvement may lie in subsequent behavioral health treatment. Furthermore, Ms. ___ does not meet criteria for a factitious or psychogenic disorder as suggested by Respondent’s Review dated 10/31/05; it is highly probable that Ms. ___ does have a chronic pain disorder that is exacerbated by depression⁵ and denying the disorder or her continued behavioral health treatment is below acceptable standards of care that would require at least 20 days of a pain program.⁶

Furthermore, it has been accepted for over a decade that a number of well-defined behavioral interventions are effective in the treatment of chronic pain, including relaxation training, CBT, and biofeedback.^{1,2,3,4} One limitation that M.D.’s have in understanding behavioral techniques in standard medical care has been the emphasis solely on the biomedical model as the basis of their medical education. The biomedical model defines disease in anatomic and pathophysiologic terms. The biopsychosocial model, as proposed by Advantage Health Care for continuing treatment with this patient, would emphasize a restructuring of Ms. ___’s experience of her pain and balance her anatomic-physiologic needs with her psychosocial needs.

Screening Criteria

1. Specific:

¹ Magni, G., Marchetti, M., Moreschi, C., Merskey, H., Luchini, S.R. (1993). Chronic musculoskeletal pain and depressive symptoms in the national health and nutrition examination. I. Epidemiologic follow-up study. *Pain*, 53: 163-8.

² Astin, J. A., Shapiro, S.L., Eisenberg, D.M., Forsy, K.L. (2003). Mind-body medicine; state of the science, implications for practice. *J Am Board Fam Pract*, 16, 131-147.

³ Rainville, P. (2002). Brain mechanisms of pain affect and pain modulation. *Curr Opin Neurol*, 12, 195-204

⁴ Morley, s., Eccleston, C., Williams, A. (1999). Systematic review and meta-analysis of randomized controlled trials of cognitive behavior therapy and behavior therapy for chronic pain in adults, excluding headache. *Pain*, 80, 1-13.

⁵ Davis, P.J., Reeves, J.L., Hastie, B.A., Graff-Radford, S.B., & Naliboff, B.D. (2000). Depression determines illness conviction and pain impact: a structural equation modeling analysis. *Pain Med.*, 1(3), 238-46.

6 Sanders, S.H., Harden, N., Benson, S.E., Vicente, P.J. (1999). Clinical practice guidelines for chronic non-malignant pain syndrome patients II: an evidenced-based approach. *Journal of Back and Musculoskeletal Rehabilitation*, 1(13), 47-58.

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literature and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by mail or facsimile, a copy of this finding to the DWC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer

Cc:

Advantage Healthcare Systems

Attn:

Fax: 214-943-9407

ARCFMI

Attn:

Fax: 479-273-8792

John Pispidikis, DC

Fax: 214-943-9407

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.

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

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 DWC via facsimile, U.S. Postal Service or both on this 14th day of December, 2005.

Name and Signature of IRO America Representative:

Sincerely,

IRO America Inc.

A handwritten signature in black ink, appearing to read "Roger Glenn Brown", with a long horizontal flourish extending to the right.

Dr. Roger Glenn Brown

President & Chief Resolutions Officer