

INDEPENDENT REVIEW INCORPORATED

Re: MDR #: M2 06 1187 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: American Home Assurance

REQUESTOR: _____

TREATING DOCTOR: Deborah Cawthon, DO

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 and pain management and is currently listed on the DWC Approved Doctor List.

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 June 5, 2006.

Sincerely,



Jeff Cunningham, DC
Office Manager

INDEPENDENT REVIEW INCORPORATED

REVIEWER'S REPORT M2 06 1187 01

Information Provided for Review:

Progress notes from Dr. Cawthon, Dr. E. Kano Mayer, Dr. Tom G. Mayer, Dr. David Vanderweide, Dr. Bruce Cheatham, and Dr. Ellis Robertson.

Clinical History:

This claimant was injured on ____ in the course of his duties as a sales associate with _____. He apparently lifted a battery and had sudden onset of low back pain. The TWCC-1 filed _____ apparently indicated that this was an unwitnessed event. The claimant was initially diagnosed with a lumbosacral strain and referred for physical therapy. An MRI scan in December 2000 was performed, which was termed "unremarkable," according to the report. The claimant was then found to be at maximum medical improvement as of 01/10/01 with a 0% whole person impairment rating. In March 2001 Dr. Cawthon noted "for the first time" the claimant's description of left leg pain beginning 2 weeks previously. He was referred for a second MRI scan on 05/25/01, which showed only degenerative changes at the L4/L5 disc with no disc herniation or neural compression. A myelogram and post myelogram CT scan were then performed on 06/21/01, demonstrating only 1-2 mm inconsequential and clinically insignificant bulges at L4/L5 and L5/S1 with symmetrically increased anterior epidural fat. A designated doctor evaluation in March 2002 demonstrated multiple positive Waddell signs. Previously, physical therapy at the onset of this claim documented the claimant as being "very pain focused." On 01/02/04, a 4-level lumbar discogram was performed by Dr. Robertson at the request of Dr. Marks. The discogram demonstrated normal disc architecture and radiologic appearance at every one of the 4 discs tested. The claimant, however, complained of moderately severe concordant low back pain with injection of both the L3/L4 and L5/S1 discs. A subjective report of concordant pain in the absence of morphologic abnormalities in a disc completely invalidates any result of the discogram, as a morphologically normal disc cannot cause pain when tested in discography. After the discogram, surgery was recommended by Dr. Marks, despite the clear contraindication for surgery, given the discogram results. The claimant was evaluated by Dr. E. Kano Mayer on 02/08/06 for admission to a chronic pain management program at PRIDE. Dr. Mayer noted all of the previous objective radiologic imaging studies and both the unremarkable nature of the MRI scan as well as the results of the discogram. He recommended psychological evaluation for admission to his chronic pain management

program. Dr. Tom Mayer, also at the same facility, evaluated the claimant on 03/07/06, also noting all of the previous objective test results, including the discogram report of “concordant pain at L3 and L5 but without significant radiologic abnormalities.” He noted that the claimant’s medication intake at that time was 2 tramadol tablets per day, Flexeril 10 mg per day, and Paxil 20 mg per day. Subsequent to Dr. Mayer’s request for the claimant to be admitted for 23 sessions of a chronic pain management program at his facility, the request was twice denied by physician advisors in the specialty of occupational medicine and psychology.

Disputed Services:

Twenty-three CPMP visits of PRIDE Functional Restoration Program.

Decision:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER ON THIS CASE.

Rationale:

From almost the very onset of this case, the claimant was documented as being very pain focused with evidence of somatization. Subsequent to that, a designated doctor evaluation also documented evidence of symptom magnification and functional overlay on the basis of multiple positive Waddell’s signs. All objective tests that have been performed have either demonstrated complete and total lack of pathology, as is demonstrated by both MRI and myelogram results, or results quite indicative of symptom magnification and functional overlay as demonstrated by the discogram results. Normally, morphologic discs simply do not cause pain on provocative discography. Any pain response, therefore, is not valid or physiologic and, therefore, not of clinical significance other than to indicate possible symptom magnification and/or functional overlay. Additionally, this claimant has not even had a trial of lesser levels of psychological care to justify proceeding with a tertiary level program such as a chronic pain management program. Finally, the claimant is not taking significant amounts of any medication, nor any medication that is addictive, habit forming, or likely to cause significant side effects or be detrimental to the claimant’s overall health. Minimal amounts of Flexeril, tramadol, and Paxil are not of clinical concern, nor indicative of a need for a detoxification or drug weaning program within the PRIDE scenario. It is also important to note that the mechanism of injury as described as nothing more than a minor lumbosacral strain, which must be remembered, was unwitnessed according to the TWCC-1. Given such a mechanism of injury, as well as the lack of objective evidence of pathology on radiologic imaging studies, there is, quite simply, no justification for the requested level of treatment for this claimant. Therefore, for all of the reasons described above, there is no medical reason or necessity for the requested 23 CPMP visits as related to the alleged work injury.

Treatment Guidelines/Screening Criteria:

A chronic pain management program, according to medical literature, is not medically reasonable or necessary unless all appropriate medical treatment options have been exhausted. In this case, the claimant has not even had a trial of lesser levels of psychological treatment. However, more importantly, the overwhelming weight of the objective evidence clearly demonstrates that there was, in fact, no damage, injury, or harm to any part of this claimant's body, nor the presence of any pathology to justify the claimant's ongoing complaints. Given the clear documentation almost from the onset of this claim of the claimant's somatization, symptom magnification, and functional overlay, his current clinical condition does not warrant further medical treatment, according to accepted medical guidelines.