

  
**INDEPENDENT REVIEW INCORPORATED**

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**December 14, 2006**

**Re: MDR #: M2 07 0379 01 Injured Employee: \_\_\_\_**  
**DWC #: DOI: \_\_\_\_**  
**IRO Cert. #: 5055**

**TRANSMITTED VIA FAX TO:**  
**TDI, Division of Workers' Compensation**  
Medical Dispute Resolution  
Fax: (512) 804-4868

**RESPONDENT: Ace Insurance**

**REQUESTOR: Valley Total Healthcare**

**TREATING DOCTOR: Tajul Chowdhury, 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 and pain management and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to all participating parties 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 December 14, 2006.

Sincerely,

Jeff Cunningham, DC  
Office Manager

**REVIEWER'S REPORT  
M2 07 0379 01**

MEDICAL INFORMATION REVIEWED:

1. DWC assignment
2. Requestor's records dated 08/17/04 through 11/09/06
3. Carrier's records including office visits, evaluations, operative reports, and radiologic reports dated 01/06/00 forward

BRIEF CLINICAL HISTORY:

The patient is a 58-year-old female with an apparent work-related lumbar injury dated \_\_\_\_\_. The patient underwent lumbar spine surgery in 1997. Symptoms continued, and a spinal stimulator was inserted for control of chronic lumbar pain in January 1999. Leads and/or batteries were most recently replaced on 09/14/05. Chronic lumbar radicular symptoms persist and are now controlled with oral analgesics and the implanted stimulator. Other chronic medical problems coexist in this patient but are not delineated in the provided records. Long-standing depression is also noted.

DISPUTED SERVICES:

Individual counseling times 4 sessions.

DECISION:

I AGREE WITH THE ADVERSE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

RATIONALE OR BASIS FOR DECISION:

The hallmark for successful rehabilitation of the chronic nonmalignant pain syndrome patient with a multidisciplinary approach is setting forth specific multiple treatment goals for the specific patient. No treatment goals for this patient are available in the records reviewed.

SCREENING CRITERIA/TREATMENT GUIDELINES/ PUBLICATIONS UTILIZED:

The treatment goals for the rehabilitation of chronic nonmalignant pain syndrome patients and the potential effective treatment modalities are set forth in "Evidence-based Clinical Practice Guidelines for Interdisciplinary Rehabilitation of Chronic Nonmalignant Pain Syndrome Patients." This is available at the National Guideline Clearinghouse

([www.guideline.gov](http://www.guideline.gov)). This is taken from Sanders, et al, Siskin Hospital for Physical Rehabilitation, published 2005, page 41.