


INDEPENDENT REVIEW INCORPORATED

November 15, 2006

Re: MDR #: M2 07 0140 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: Gallagher Bassett

REQUESTOR: Alta Vista Healthcare

TREATING DOCTOR: Julio Regalado, DC

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 with special qualifications in pain medicine and is currently listed on the DWC Approved Doctor List.

**P.O. Box 855
Sulphur Springs, TX 75483
903.488.2329 * 903.642.0064 (fax)**

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 November 15, 2006.

Sincerely,



Jeff Cunningham, DC
Office Manager

**REVIEWER'S REPORT
M2 07 0140 01**

MEDICAL INFORMATION REVIEWED:

1. Cervical MRI scan dated 10/20/05
2. Electrodiagnostic studies by Dr. Tarbox dated 03/27/06
3. Electrodiagnostic studies by Dr. Prolar dated 06/12/06
4. Behavioral medicine consultation from Annabel Menchaca dated 06/29/06
5. Progress note from Elizabeth Keller, NP, dated 07/05/06
6. Request for 20 sessions of chronic pain management program dated 07/18/06 from Phil Bohart
7. Reconsideration Request dated 08/14/06 from Mr. Bohart
8. Preauthorization review decisions regarding request for chronic pain management program dated 06/23/06 and 07/26/06

BRIEF CLINICAL HISTORY:

This claimant was allegedly injured at work on _____. He allegedly was pushing a cart of wood when he slipped and fell, falling on his left shoulder and fracturing his right leg. Although the date of injury is documented as _____, the medical records indicate that the claimant underwent surgery to his right leg on 12/06/04 to repair the fracture that occurred on _____. There is nowhere in the medical records that I have reviewed where that discrepancy is clarified. Clearly, it would be impossible for the claimant to have fractured his right leg on _____ yet undergo surgery to repair that fracture on 12/06/04. A cervical MRI scan was performed on 10/20/05 for complaint of neck and left arm pain. It demonstrated minimal disc bulges at C3/C4 and C4/C5, both of which were clinically inconsequential. Electrodiagnostic studies were performed by Dr. Tarbox on 03/27/06, demonstrating a chronic upper trunk brachial plexopathy on the left, moderate bilateral carpal tunnel syndrome, and mild right demyelinating sensory ulnar neuropathy near the wrist. For unknown reasons, electrodiagnostic studies were repeated approximately 3 months later on 06/12/06 by Dr. Prolar. Dr. Prolar's examination again demonstrated left brachial plexopathy of the upper and lower trunks with denervation of the lower trunk as well as bilateral carpal tunnel syndrome and focal compression neuropathy of the right ulnar nerve, but this time at the elbow, not the wrist. There was no evidence of cervical radiculopathy, peripheral neuropathy, or myopathy. The chronic pain management program was requested to begin on 06/20/06. On 06/23/06, the program was denied as being medically unreasonable and unnecessary. Despite the fact that a chronic pain management program had already been requested, a behavioral medicine evaluation was performed by Annabel Menchaca on 06/29/06, six days after the initial request for a chronic pain management program. In that request, Ms. Menchaca noted the claimant was taking Lyrica 75 mg b.i.d., Vicodin 5 mg b.i.d., Lexapro 10 mg daily, Skelaxin 800

mg h.s., as well as glipizide and Glucophage for his unrelated prior medical history of diabetes. It was noted that the claimant had completed a 4-week course of work hardening but had not had any significant improvement in his pain or functional status. Ms. Menchaca recommended that the claimant attend the chronic pain management program where she worked. On 07/05/06, the claimant was evaluated by Elizabeth Keller, NP. She did not list a chief complaint nor, for that matter, any specific pain complaints in that progress note. She documented physical examination "positive for motor trunk plexopathy" and scars on the right lower extremity. A second request for a chronic pain management program was then documented by Phil Bohart on 07/18/06, repeating all of the same information previously provided by Ms. Menchaca. Mr. Bohart noted the claimant had achieved only a sedentary physical demand level despite 4 weeks of work hardening, and that the claimant was still taking the same medications as before. Mr. Bohart recommended that the claimant attend the same chronic pain management program where Mr. Bohart was also employed. The request for the chronic pain management program was reviewed on 07/25/06 and again denied as being medically unreasonable and unnecessary. Mr. Bohart submitted a reconsideration request for 20 days of a chronic pain management program on 08/14/06, merely repeating all of the same information he had provided in the previous request he had submitted. No additional medical information was provided in that reconsideration request. I have also reviewed the "physical performance evaluation" performed on 06/28/06. The medical records clearly document that no physical examination was even performed.

DISPUTED SERVICES:

Twenty sessions of chronic pain management program.

DECISION:

I AGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE.

RATIONALE OR BASIS FOR DECISION:

This claimant does not meet accepted criteria or standards of medical care for admission to a chronic pain management program. He has not exhausted all appropriate medical evaluation or treatment. He has EMG findings of brachial plexopathy and carpal tunnel syndrome yet has not been referred for further neurologic evaluation or orthopedic evaluation for treatment of either of these conditions. Despite having failed a work hardening program as well as extensive physical therapy, the claimant is now being recommended for essentially more of the same, this time as a chronic pain management program. There is no valid or reasonable medical expectation for the claimant to obtain any significantly better clinical benefit from the same treatment that he has already failed if that treatment is now provided as a chronic pain management program. Additionally, the claimant has not had sufficient trials of lesser levels of psychologic treatment, including individual psychotherapy trials, nor has he had sufficient trials of either appropriate dosage or different antidepressant medications. He is not taking any excessive medications nor sufficient amounts of any medication including Vicodin that would pose a danger to his overall health or necessitate a comprehensive weaning

program or detoxification program through a chronic pain management program. Finally, there is no objective medical evidence of any ongoing pathology, damage, injury, or harm to any part of the claimant's body that would substantiate his pain complaints, pain complaints which, in fact, are not even specified in the psychologic evaluation or medical followups documented. The cervical MRI scan findings of minimal disc bulges at C3/C4 and C4/C5 are clinically inconsequential, not pathologic, and would not be expected to be of any clinical significance or the cause of any clinical symptoms. Moreover, these minimal disc bulges would not be, in all medical probability, causally related to the alleged work injury and, therefore, deserve no further consideration in the overall evaluation of this case. The alleged physical performance evaluation included absolutely no documentation of a physical examination, making any alleged results or interpretation of those results, in my opinion, completely invalid and without clinical significance. A physical performance evaluation absent physical examination is an incomplete evaluation from which no valid medical conclusions could be reached with any certainty or validity. Therefore, for all the reasons described above, this claimant is not an appropriate candidate for admission to a chronic pain management program.

SCREENING CRITERIA/TREATMENT GUIDELINES

The medical records provided clearly document ongoing neurologic medical conditions which have neither been adequately evaluated or treated by appropriate medical specialists. Furthermore, an article by Sanders, et al, in the Journal of Musculoskeletal Rehabilitation, 1999, clearly documented that it is not appropriate for a claimant to be admitted to a chronic pain management program for more than 5-10 sessions initially in order to evaluate the claimant's compliance and response to such a program. The request in this case for 20 sessions is also, therefore, not supported by medical literature.