Medical Review Institute of America, Inc.
America's External Review Network

December 18, 2006

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-07-0337-01
CLIENT TRACKING NUMBER: M2-07-0337-01

Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above-mentioned case to MRIoA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIoA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing between that 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.

Records Received:
RECORDS RECEIVED FROM THE STATE:
Notification of IRO Assignment dated 11/16/06, 8 pages

RECORDS RECEIVED FROM THE REQUESTOR:
Initial Clinical Interview 12/9/05, 4 pages
Letter of medical necessity, 2 pages

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Reports of functional Ability Tests 8/11/06, 10/14/05, 11/17/05, 12/29/05, 2/8/06, 4/3/06, 5/9/06, 9/27/06, 40 pages
Impairment Rating Examination 3/31/06, 6 pages
Clinical Observations/Comments 4/5/06, 8/29/06, 9 pages
Psychological Treatment Summary 5/19/06, 4 pages
Precertification Request 8/30/06, 1 page
Requests for Authorization 8/29/06, 3 pages
Interdisciplinary Chronic Pain Management Program description, 1 page
Chronic Pain Management Program Status Report, 2 pages
Treatment Summary and Current Status 9/5/06, 1 page
Reconsideration Request 9/8/06, 2 pages
Appeal letter 10/5/06, 1 page

RECORDS RECEIVED FROM THE RESPONDENT:
Preauthorization request 4/29/05, 3 pages
Anesthesia Record 5/3/05, 1 page
Operative Report 5/3/05, 2 pages
Discharge Summary 5/3/06, 1 page
Office visit notes 4/29/05, 6/22/05, 8/3/05, 8/31/05, 5/5/05, 15 pages
Report of venous sonogram of right leg 6/22/05, 1 page
Physical Therapy Daily Progress Notes 6/29/05 – 10/10/06, 84 pages
Physical Therapy Re-evaluation notes 7/20/05, 7 pages
Medical Consultation note 10/6/05, 3 pages
Certificate of Medical Necessity for TENS unit 11/29/05, 2 pages
Review Determinations 12/8/05, 2/6/06, 2/20/06, 6 pages
TWCC-69 4/5/06, 1 page
Designated Doctor Evaluation report 4/7/06, 8 pages
Physician's Initial Report 4/5/06
Behavioral Medical Service Report 5/1/06, 6 page
Independent Medical Evaluation Report 6/16/06, 8 pages
Physician Prescription 4/25/06, 1page
Code clarification letter 6/27/06
TWCC Work Status Reports 6/1/05, 8/3/06, 4 pages
Report of Medical Evaluation 9/27/06, 1 page
Impairment report 9/27/06, 9 pages
Exam notes 10/19/06, 1 page
Daily Progress notes, 9/30/05-1/24/06, 46
Reports of functional Ability Tests 8/11/06, 10/14/05, 11/17/05, 12/29/05, 2/8/06, 4/3/06, 5/9/06, 9/27/06, 40 pages

Letter dated 6/16/06. 4 pages

RECORDS RECEIVED FROM DR. COLLUM:
Operative report 5/3/05, 2 pages
Daily progress notes, 9/18/06, 9/25/06, 10/2/06, 10/10/06, 5 pages

Summary of Treatment/Case History:
The claimant is a 39 year old gentleman who allegedly suffered a workplace injury on ___. He developed pain in his left leg and was found to have suffered an ankle fracture. This was treated operatively with an open reduction and internal fixation procedure on 5/3/05. Subsequently he has continued to have significant pain despite extensive physical therapy up until now. He has experienced a considerable degree of rehabilitation but not adequate to resume his heavy-labor job. Furthermore, he has developed psychological symptoms which are interfering with his further rehabilitation.

Questions for Review:
Item(s) in dispute: Pre-authorization request for Chronic Pain Management program 20 days. Review for medical necessity.

Explanation of Findings:
Item(s) in dispute: Pre-authorization request for Chronic Pain Management program 20 days. Review for medical necessity.

The claimant has undergone repair of his primary injury and extensive outpatient rehabilitation therapy. His residual pain and psychological sequelae appear to be the primary barrier to his complete rehabilitation and ability to return to his previous employment. There is significant evidence in the literature pointing to the efficacy of interdisciplinary treatment with a psychological/rehabilitation focus in enabling patients with chronic pain to overcome their pain-related impairment. The claimant appears to satisfy the usual selection criteria for entry into such as program, as listed below. Furthermore, the ACOEM guidelines states that "Research suggests that multidisciplinary pain care is beneficial for most persons with chronic pain, and likely would be considered the treatment of choice for persons who are at risk for, or who have, chronic pain and disability." (Chapter 6, Page 114). On the basis of these considerations, the proposed 20 sessions of interdisciplinary chronic pain management are properly considered to be medically necessary pursuant to the criteria set forth in Texas Labor Code §408.021.

Conclusion/Decision to Certify:
The requested 20 sessions of interdisciplinary chronic pain management program are medically necessary.

Applicable Clinical or Scientific Criteria or Guidelines Applied in Arriving at Decision:
The usual selection criteria for entry into a multidisciplinary pain management program are:
1. Referral for entry has been made by the primary care physician/attending physician; and
2. Patient has experienced chronic non-malignant pain (not cancer pain) for 6 months or more; and
3. The cause of the patient's pain is unknown or attributable to a physical cause, i.e., not purely psychogenic in origin; and
4. Patient has failed conventional methods of treatment; and
5. The patient has undergone a mental health evaluation, and any primary psychiatric conditions have been treated, where indicated; and
6. Patient's work or lifestyle has been significantly impaired due to chronic pain; and
7. If a surgical procedure or acute medical treatment is indicated, it has been performed prior to entry into the pain program.

Texas Definition of Medical Necessity (Texas Labor Code §408.021):

An employee who sustains a compensable injury is entitled to all health care reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to health care that:

1) Cures or relieves the effects naturally resulting from the compensable injury;
2) Promotes recovery, or
3) Enhances the ability of the employee to return to or retain employment.

References Used in Support of Decision:
McAllister M. et al. (2005). Effectiveness of a Multidisciplinary Chronic Pain Program for Treatment of refractory Patients with Complicated Chronic Pain Syndromes. Pain Physician 8: 369-73.

Patrick, et al. (2004). Long-term outcomes in multidisciplinary treatment of chronic low back pain: results of a 13-year follow-up. Spine 29: 850-5.

Skouen, et al. (2002). Relative cost-effectiveness of extensive and light multidisciplinary treatment programs versus treatment as usual for patients with chronic low back pain on long-term sick leave: randomized controlled study. Spine 27: 901-9; discussion 909-10.

Haldorsen, et al. (2002). Is there a right treatment for a particular patient group? Comparison of ordinary treatment, light multidisciplinary treatment, and extensive multidisciplinary treatment for long-term sick-listed employees with musculoskeletal pain. Pain 95: 49-63.

Guzman, et al. (2002). Multidisciplinary bio-psycho-social rehabilitation for chronic low back pain. Cochrane Database Syst Rev CD000963.

Turk (2001). Combining somatic and psychosocial treatment for chronic pain patients: perhaps 1 + 1 does = 3. Clin J Pain 17: 281-3.

Flor, et al. (1992). Efficacy of multidisciplinary pain treatment centers: a meta-analytic review. Pain 49: 221-30.

The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the National Board of Medical Examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

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 /
Appeals Clerk
P. O. Box 17787
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute

In accordance with Division 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 18 day of Dec/2006.

_____
Stacie Sterken

MRIoA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, and the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIoA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIoA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIoA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIoA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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Case Analyst: Stacie S ext 577

cc: Requestor
Respondent