

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

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## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-07-0359-01
Name of Patient:	
Name of URA/Payer:	Texas Mutual Insurance Co.
Name of Provider: (ER, Hospital, or Other Facility)	San Antonio Spine & Rehab
Name of Physician: (Treating or Requesting)	Jason Eaves, DC

December 19, 2006

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

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Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: \_\_\_\_\_  
San Antonio Spine & Rehab  
Jason Eaves, DC  
Division of Workers' Compensation

DOCUMENTS REVIEWED

Notification of IRO Assignment  
MDR Request / Position Statement – Texas Mutual  
MDR Request / Position Statement – J.L. Eaves, DC  
Utilization Review Report – Geoffrey Ndeto, MD, Robin Walker, LVN  
Request for Continuation of Care – J.L. Eaves, DC  
Physical Performance Evaluations (FCE/FAEs) – J.L. Eaves, DC  
Concentra Utilization Review Reports – Andrew Prychocko, MD, Maria Olin, LPN  
Medical Reports – C.P. Garcia, MD  
Chiropractic Reports – Joe Hester, DC, J.L. Eaves, DC  
Chiropractic Office Notes – San Antonio Spine & Rehab  
MRI Reports – James Remkus, MD  
EMG/NCV Reports – Omar Vidal, MD  
Orthopedic Reports and Notes – Richard Wilson, MD  
Work Hardening Assessment and Psychological History Report – Eugene Benedict, MA, LPC  
RME Orthopedic Medical Reports – Peter Garcia, MD  
Report of Medical Evaluation (MMI/IR) – Prafull Bole, MD

CLINICAL HISTORY

Available information suggests that this patient reports experiencing an occupational accident while working on an oil field platform moving timbers. He was evaluated initially at Texas Med Clinic for injuries to his left shoulder and hip (no reports of this are provided for review). The patient later presents for chiropractic care with J.L. Eaves, DC, at San Antonio Spine and Rehab. No plain film radiography appears to be obtained. An MRI of the right hip is performed suggesting mild joint effusion. MRI of the left shoulder is obtained suggesting

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impingement and partial tear of the rotator cuff. The patient is seen at this same facility for medical evaluation by a C.P. Garcia, MD, and is found to have rotator cuff syndrome, displaced lumbar disc, sciatica, neuralgia and right hip sprain and strain. Orthopedic assessment and lower extremity EMG appears to be ordered. EMG is performed 10/21/05 and suggests mild to moderate right-sided S1 radiculopathy without confirmation of discopathy from imaging. The patient undergoes extensive passive and active therapy with Dr. Eaves at the San Antonio Spine and Rehab Clinic. The Patient undergoes left shoulder surgery with a Richard Wilson, MD, on 12/13/05, then continues with extensive post surgical therapy and rehab with Dr. Eaves. Multiple physical performance evaluations are performed suggesting functional deficits and ongoing pain behavior. The patient appears to be referred to a Mr. Benedict for behavioral and psychological assessment but this is not provided for review. Subsequent evaluations suggest that the patient is taking psychotropic medications and undergoing individual psychological counseling but no specific reports of this are provided for review.

The patient does have a Work Hardening Assessment and Psychological History taken on 06/28/06 by a Eugene Benedict, MA, LPC, but no psychiatric or psychological intervention appears to be noted. The patient appears to undergo 10 sessions of work hardening (which is to include individual or group counseling) but no reports of this are provided for review. Dallas Pain Questionnaire assessments from frequent Functional Abilities Evaluations suggest little or no perceived progressive improvement. Impairment evaluation is made by a Prafull Bole, MD, on 10/12/06 suggests that the patient is at MMI with 6% WP impairment from post-surgical shoulder conditions.

REQUESTED SERVICE(S)

Determine medical necessity for continuation of work hardening program x 20 sessions (97545 & 97546).

DECISION

Denied.

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#### RATIONALE/BASIS FOR DECISION

Medical necessity for ongoing Work Hardening sessions x20 **is not supported** by available documentation. There appears to be considerable pain behavior and psychological/psychiatric overlay that is not specifically addressed in documentation provided. Lumbar discopathy is not objectively confirmed by imaging and causal relationship is not determined. In addition, it is not clear, with these issues un-addressed, that the injured worker can achieve lasting or progressive benefit from requested ongoing Work Hardening program.

1. Philadelphia Panel Evidence-Based Clinical Practice Guidelines on Selected Rehabilitation Physical Therapy, Volume 81, Number 10, October 2001.
2. Hurwitz EL, et al. The effectiveness of physical modalities among patients with low back pain randomized to chiropractic care: Findings from the UCLA Low Back Pain Study. *J Manipulative Physiol Ther* 2002; 25(1):10-20.
3. Bigos S., et. al., AHCPR, Clinical Practice Guideline, Publication No. 95-0643, Public Health Service, December 1994.
4. Harris GR, Susman JL: "Managing musculoskeletal complaints with rehabilitation therapy" [Journal of Family Practice](#), Dec, 2002.
5. Schonstein E, Kenny DT, Keating J, Koes BW. Work conditioning, work hardening and functional restoration (Cochrane Review). In: *The Cochrane Library*, Issue 2, 2004. Chichester, UK: John Wiley & Sons, Ltd.
6. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Mercy Center Consensus Conference, Aspen Publishers, 1993.
7. Polatin, PB, Mayer TG, *Occupational disorders and the management of chronic pain*, *Journal of Clinical Orthopedics North America*, 27(4): 881-890, 1996.
8. American College of Occupational & Environmental Medicine (ACOEM), *Occupational Medicine Practice Guidelines*, 2<sup>nd</sup> Ed., 2004.

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted

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only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials.

No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned individual. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.

#### Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the 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.

### **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

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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  
Division of Workers' Compensation  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

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

In accordance with 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 20<sup>th</sup> day of December, 2006.

Signature of IRO Employee: \_\_\_\_\_

Printed Name of IRO Employee: Cindy Mitchell