

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-07-0546-01
Name of Patient:	
Name of URA/Payer:	Insurance Company of the State of PA
Name of Provider: (ER, Hospital, or Other Facility)	Health Trust
Name of Physician: (Treating or Requesting)	Scotti Balmer, DC

January 18, 2007

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: _____
Health Trust
Scotti Balmer, DC
Division of Workers' Compensation

RE: ____

DOCUMENTS REVIEWED

Available documentation for review consists of records from Drs. Valdez (MD), Jackson (DC), Chronic Pain Management intake assessments from Healthtrust Clinic, IME by Drs. Garcia (MD) and peer reviews (Deutsch, MD) MRI and EMG/NCV reports (August, MD, Sassoon, MD) and peer/pre-auth denials.

CLINICAL HISTORY

Ms. ____, a 28 year-old female, sustained an on-the-job injury as a result of pushing a unit at work. She developed some right lower back pain, extending down her right hip through to her foot. She was initially followed conservatively with chiropractic care by Dr. Twigg, after an emergency room visit and a pain injection. MRI of the lumbar spine in October 2005 revealed a mild annular bulging at L4/L5 without neural impingement or foraminal stenosis. EMG on 12/2/05 was suggestive of a relative left L4 radiculopathy, study 3/3/06 was normal, however.

The patient was seen for designated doctor purposes by Dr. Arat (no records available); he felt that she was not at MMI pending ESI

Recommendation for chronic pain management was made by her treating doctor. Pain behavior analysis revealed reduction in postural and walking tolerances, lifting tolerances and self-described difficulties with activities of daily living.

The request was submitted for pre-authorization and denied. The first review identified low back pain with symptomatic radiculopathy, treatment of conservative care and physical therapy including work hardening, and continued use of narcotics. The patient was essentially unchanged despite these interventions and is additionally noted to have coping difficulties with depression and anxiety. The reviewer found indications for further psychosocial intervention, however insufficient indication for chronic pain management.

The second reviewer agreed to a one week trial of chronic pain management; however the reviewer had a minimal expectation of success with continued physical therapy.

RE: _____

REQUESTED SERVICE(S)

Prospective medical necessity of pain management program, for 30 sessions.

DECISION

Approved

RATIONALE/BASIS FOR DECISION

A chronic pain program involves a multidisciplinary approach and is reserved typically for outliers of the normal pain population, i.e. poor responders to conventional treatment intervention, with significant psychosocial issues and extensive absence from work ^(1, 2).

Chronic pain or chronic pain behavior is defined as devastating and recalcitrant pain with major psychological consequences. It is self sustaining, self regenerating and self-reinforcing and is destructive in its own right as opposed to simply being a symptom of an underlying somatic injury. Chronic pain patients display marked pain perception and maladaptive pain behavior with deteriorating of coping mechanisms and resultant functional capacity limitations. The patients frequently demonstrate medical, social, and economic consequences such as despair, social alienation, job loss, isolation, and suicidal thoughts. Treatment history is generally characterized by excessive use of medications, prolonged use of passive therapy modalities, and unwise surgical interventions. There is usually inappropriate rationalizations, attention seeking and financial gain appreciation ⁽²⁾. These behaviors have been identified in this patient.

This patient appears to have failed at lower levels of intervention, including work hardening, and had ongoing functional deficits as a result of her ongoing chronic pain. She is still dependent on narcotic medications. She has shown some improvement with individual psychotherapy. The residual functional deficit combined with maladaptive coping styles, identified in her psychological assessments, would be best addressed in a behavioral chronic pain program, and she satisfies the criteria for entrance into such a program.

RE: ____

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 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 19th day of January, 2007.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell