


INDEPENDENT REVIEW INCORPORATED

SENT TO: Texas Department of Insurance
Health & Workers' Compensation Network Certification & QA
Division (HWCN) MC 103-5A
Fax: 512.804.4868

Healthready
281.837.0670

Service Lloyd's Insurance
512.346.2539

Saeed Kahkeshani, MD
281.428.1926

01/19/07

RE: IRO Case #: M2.07.0576.01
Name: _____
Coverage Type: Workers' Compensation Health Care - Non-network
Type of Review:
 Preauthorization
 Concurrent Review
 Retrospective Review
Prevailing Party:
 Requestor
 Carrier

Independent Review, Inc. (IRI) has been certified, IRO Certificate # 05055, by the Texas Department of Insurance (TDI) as an Independent Review Organization (IRO). TDI has assigned this case to IRI for independent review in accordance with the Texas Insurance Code, the Texas Labor Code and applicable regulations.

IRI has performed an independent review of the proposed/rendered care to determine if the adverse determination was appropriate. In the performance of the review, IRI reviewed the medical records and documentation provided to IRI by involved parties.

This case was reviewed by a D.O. Board Certified in Physical Medicine Rehabilitation, and Pain Management. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), and any of the treating doctors or other health care providers who



provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

As an officer of IRI, I certify that:

1. there is no known conflict between the reviewer, IRI and/or any officer/employee of IRI with any person or entity that is a party to the dispute, and
2. a copy of this IRO decision was sent to all of the parties via U.S. Postal service or otherwise transmitted in the manner indicated above on 01/19/07.

RIGHT TO APPEAL:

You have the right to appeal the decision by seeking judicial review. This IRO decision is binding during the appeal process.

For disputes other than those related to prospective or concurrent review of spinal surgery, the appeal must be filed:

1. directly with a district court in Travis County (see Labor Code 413.031(m)), and
2. within thirty (30) days after the date on which the decision is received by the appealing party.

For disputes related to prospective or concurrent review of spinal surgery, you may appeal the IRO decision by requesting a Contested Case Hearing (CCH). A request for CCH must be in writing and received by the Division of the Workers' Compensation, Division Chief Clerk, within ten (10) days of your receipt of this decision.

Sincerely,

Jeff Cunningham, D.C.
Director of Operations

**REVIEWER REPORT
M2 07 0576 01**

DATE OF REVIEW: 01/16/07



IRO CASE #: M2-07-0576-01

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Chronic pain management for 20 sessions.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine Rehabilitation, and Pain Management.

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Extensive notes from physician including procedure notes from 06/30/06 pertaining to lumbar facet blocks; he was diagnosed with a pain disorder with psychological and medical factors, posttraumatic stress disorder, and cognitive disorder, NOS.
2. MRI scan reports of the brain, cervical spine, thoracic spine, and lumbar spine.
3. EEG report of 03/28/06.
4. Report on 08/22/06 finding no significant injury to the cervical or lumbar spine.
5. Note on 12/21/06 finding no objective abnormalities on clinical exam.
6. Rehab notes.
7. Functional capacity evaluation report of 08/29/06.
8. Neurocognitive evaluation report dated 08/26/06.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The claimant was struck in the head at work on 03/07/06 by a piece of metal causing a small laceration to the head and knocking him to the ground. He was treated with physical therapy, facet blocks, and medications.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

This gentleman appears not to have any significant spinal injuries. He received a blow to the head and appears to have some psychological issues, which can be dealt with as an outpatient via psychological and/or psychiatric counseling but does not require comprehensive pain management program, in my opinion. Individuals who have no objective findings often are difficult to rehabilitate, particularly when their subjective complaints are extensive, as in this case. Lacking objective clinical findings with respect to his spinal complaints, the only deficit that has been identified is that of perhaps some psychological problems pertaining to a cognitive disorder and posttraumatic stress disorder, which can be managed without a comprehensive pain management program such as has been requested. It has been my experience that individuals who have chronic pain complaints without objective findings do not respond well to any intervention, particularly physical therapy, occupational therapy, or any form of manual therapy.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPR-Agency for Healthcare Research & Quality Guidelines.
- DWC-Division of Workers' Compensation Policies or Guidelines.
- European Guidelines for Management of Chronic Low Back Pain.
- Interqual Criteria.
- XX** Medical judgement, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)