



Medical Review Institute of America, Inc.

America's External Review Network

January 10, 2007

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

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-07-0617-01

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 1/2/07 1 page

IRO Assignment Letter dated 12/13/06 1 page

Medical Dispute Resolution Request/Response undated 3 pages

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Denial letters 11/01/06, 11/30/06 5 pages

Preauthorization request 10/26/06 5 pages

Records from the Provider:

Myelogram dated 6/23/03 1 page

Electrodiagnostic study results 8/15/05 3 pages

Procedure notes 10/4/05 2 pages

FCE 7/25/06 3 pages

Initial neurosurgical consultation note 4/21/03 3 pages

Followup notes 11/2/05, 11/21/05, 1/24/06, 2/23/06, 4/6/06, 6/14/06, 7/5/06, 8/2/06, 9/5/06, 10/20/06, 12/13/06 27 pages

Report of Post myelogram CT of lumbar spine 6/23/03 1 page

Report of lumbar myelogram 6/23/03 1 page

Procedure note 7/19/03 1 page

Report of MRI lumbar spine 2/20/04 1 page

Report of MRI left shoulder 2/02/04 1 page

Report of MRI cervical spine 6/24/05 1 page

Report of MRI left knee 11/18/05 2 pages

Report of MRI of brain 1/2/07 1 page

Records from Insurance Company:

Reconsideration Request 11/20/06 1 page

Patient Face Sheet 10/20/06 1 page

Preauthorization request 9/5/06 1 page

Ergos Supporting Data Report 7/25/06 11 pages

Musculoskeletal Evaluation 9/6/06 2 pages

Ergos Evaluation Summary Report 7/25/06 1 page

RME report 5/12/06 1 page

Initial Behavioral Medicine Consultation 10/12/06 7 pages

Physical Performance Evaluation 10/19/06 8 pages

Chronic Pain Management Interdisciplinary Plan and Goals of Treatment 10/24/06 4 pages

Reconsideration 11/20/06 7 pages

Summary of Treatment/Case History:

The claimant is a 64-year-old gentleman who allegedly suffered a workplace injury on ____.

Subsequently he developed pain in the neck, shoulders and left knee with numbness and tingling in his hands. Physical examination reveals no deep tendon reflexes in the upper extremities with negative Hoffman's sign. Sensation is intact to pinprick at light touch. There are negative Tinel's, Phalen's, Spurling's and Adson's signs. EMG examination suggests chronic bilateral C7 motor radiculopathy and moderately severe carpal tunnel syndrome bilaterally. He has undergone an

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arthroscopic left knee repair and injections to his knee, shoulder and cervical spine, as well as extensive physical therapy, none of which have improved his symptoms or allowed return to work.

Questions for Review:

1. Please advise medical necessity for the pre authorization request #97799-CP Chronic Pain management program X 20 days/sessions.

Explanation of Findings:

1. Please advise medical necessity for the pre authorization request #97799-CP Chronic Pain management program X 20 days/sessions.

The claimant has ongoing pain sufficient to preclude his returning to his previous occupation or any gainful employment. He has undergone all indicated surgery as well as injection treatment and conservative therapy without resolution of his symptoms. As a result he suffers from moderate to severe anxiety and depression. The claimant meets the usual selection criteria for entry into a multidisciplinary chronic pain management program, as listed below. A 20-day session of such a program is indicated as initial therapy in an attempt to allow him to return to work.

Conclusion/Decision to Certify:

The requested 20 sessions of the 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 chronic 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.

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.

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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 10 day of Jan/2007.

Raquel Goodbeau

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,

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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: Raquel G ext 518

Cc: Requestor and Respondent