



Medical Review Institute of America, Inc.

America's External Review Network

SENT TO:

Texas Department of Insurance
Health & Workers' Compensation Network Certification and QA
Division (HWCN) MC 103-5A
Via E-mail IRODecisions@tdi.state.tx.us

Injured Employee:

Requestor:

MARY ANN MITCHELL, LPC
ATTN JENNIFER WADSWORTH
FAX (817) 275-7866

Respondent:

HARTFORD UNDERWRITERS INSURANCE
ATTN BARBARA SACHSE
FAX (512) 343-6836

February 28, 2007

RE: IRO Case #:M2-07-0765-01

Name: ___

Coverage Type: Workers' Compensation Health Care (Non-network)

Type of Review:

Prospective

Medical Review Institute has been certified, certification number 5278, by the Texas Department of Insurance (TDI) as an Independent Review Organization (IRO). TDI has assigned this case to the IRO for independent review in accordance with the Texas Insurance Code, the Texas Labor Code and applicable regulations.

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

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This case was reviewed by a Pain Management specialist. 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), 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 Medical Review Institute of America I certify that:

1. There is no known conflict between the reviewer, the IRO and/or any officer/employee of the IRO 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 2/28/07.

Right to Appeal

You have the right to appeal the decision by seeking judicial review. The decision of the IRO 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 a 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,

Case Analyst: Valerie O ext 554
Case Fulfillment Specialist
DATE OF REVIEW: February 28, 2007

IRO Case #: M2-07-0765-01

Description of the services in dispute:

Pre-authorization request - Chronic Pain Management (10 days).

A description of the qualifications for each physician or other health care provider who reviewed the decision

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.

Review Outcome

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Overtured.

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The patient meets the usual selection criteria for entry into a chronic pain management program. An initial 10-day trial of the requested multidisciplinary chronic pain management program should be considered to be medically necessary.

Information provided to the IRO for review

Records from the State:

Notification of IRO Assignment, 2/6/07
Notice of receipt of request for Medical Dispute Resolution, 2/6/07
Medical Dispute Resolution Request/Response form
Provider List
Table of Disputed Services
Denial letters, The Hartford, 12/14/06, 12/22/06

Records from Requestor:

Texas Behavioral Health Cover Letter, 2/7/06
Texas Behavioral Health, Clinical Observations/Comments, 12/6/05, Undated, 12/11/06, 12/4/06, 11/21/06
Preauthorization request, 12/11/06, 12/15/06
Interdisciplinary Chronic Pain Management Program description
Chronic Pain Management Program Letter of Medical Necessity, 11/13/06, 12/15/06, 9/15/05,
Chronic Pain Management Program Goals

Functional Ability Test #1 results, 10/25/06
Patient Information
Reconsideration Request, 12/14/05
Initial Consultation/Evaluation note, 8/18/05
Patient Assessment Evaluation notes, 9/1/05, 9/29/05
Case Management note, 9/15/06
Initial Mental Health Evaluation note, 9/20/05
Reports of MRI of lumbar spine, 9/20/05, 6/30/05
Initial Chart note, 9/23/05
Case Update note, 9/30/05
Letter from Lisa Santos, RN, The Hartford, 10/13/05
Handwritten clinical note, 11/18/05
Chart Notes 12/5/05, 3/24/06, 6/19/06, 10/2/06, 7/31/06
Review determination, 12/6/05
Functional Capacity Evaluation note, 1/3/06
Examination notes 1/6/06, 4/19/05, 10/12/06, 11/19/05
Designated Doctor Evaluation notes, 2/24/06, 6/23/06
EMG/NCV report, 3/3/06
Report of Medical Evaluation, 3/9/06, 6/22/06, 7/6/06
Impairment Rating Exam note 6/21/06

Records from Respondent:

Procedure Notes: 1/21/05, 5/22/06, 7/24/06, 8/31/06
Concentra notes: 8/23/05, 4/22/06, 4/28/05, 5/5/05, 5/6/05, 5/9/05, 5/12/05, 5/18/05, 5/23/05, 5/24/05, 5/26/05, 5/31/05, 6/3/05, 6/6/05, 6/8/05, 6/10/05, 6/13/05, 6/15/05, 6/16/05, 6/20/05, 6/22/05, 7/11/05, 7/27/05
TWCC Work Status Reports 5/18/05, 6/3/06, 6/22/05, 7/11/05, 7/27/05, 11/18/05, 12/29/05, 1/24/06, 3/3/06, 4/27/06, 5/25/06, 6/20/06, 7/18/06, 8/29/06, 9/27/06, 10/17/06, 11/22/06, 12/27/06, 1/17/07
Therapy Activity Status reports 5/23/05, 5/24/05, 5/26/05, 6/4/05, 6/6/05, 6/8/05, 6/13/05, 6/15/05, 6/16/05
Employee's Request to Change Treating Doctor 8/2/05
Physical Therapy notes 8/18/05, 8/19/05, 8/23/05, 8/25/05, 8/30/05, 9/1/05, 9/2/05, 9/6/05, 9/8/05, 9/13/05, 9/15/05, 9/16/05, 9/20/05, 9/22/05, 9/28/05, 9/29/05, 10/11/05, 10/4/05, 10/7/05, 10/10/05, 10/20/05, 11/3/05, 11/4/05, 11/10/05, 11/18/05, 11/22/05, 11/23/05, 11/30/05, 12/11/05, 12/6/05, 12/8/05, 12/9/05, 12/13/05, 12/16/05, 12/19/05, 12/20/05, 12/21/05, 12/27/05, 12/28/05, 1/3/06, 1/5/06, 1/6/06, 1/10/06, 1/12/06, 1/13/06, 1/19/06, 1/20/06, 1/24/06, 1/26/06, 1/27/06, 2/1/06, 2/3/06, 2/7/06, 2/8/06, 2/12/06, 3/2/06, 3/3/06, 3/9/06, 3/14/06, 3/15/05, 3/21/06, 4/12/06, 4/27/06, 5/4/06, 5/25/06, 5/31/06,

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6/1/06, 6/6/06, 6/8/06, 6/9/06, 6/15/06, 6/16/06, 6/20/06, 2/23/06, 6/29/06, 6/30/06, 7/18/06, 7/20/06, 7/25/06, 7/26/06, 7/27/06, 7/28/06, 8/1/06, 8/3/06, 8/4/06, 8/22/06, 8/25/06, 8/29/06, 9/3/06, 9/5/06, 9/12/06, 9/15/06, 9/27/06, 9/28/06, 9/29/06, 10/3/06, 10/5/06, 10/11/06, 10/15/06, 10/20/06, 10/25/06, 10/26/06, 10/27/06, 11/1/06, 11/3/06, 11/7/06, 11/9/06, 11/10/06, 11/14/06, 11/28/06, 11/22/06, 11/29/06, 12/7/06, 12/14/06, 12/17/06, 12/22/06, 12/27/06, 12/29/06, 1/3/07, 1/4/07, 1/5/07, 1/9/07, 1/11/07, 1/12/07, 1/16/07, 1/19/07, 1/23/07, 1/26/07, 1/30/07

Retrospective Review Report 10/12/05

Preanesthesia evaluation notes 11/21/05, 7/24/06

PACU records 11/21/05, 7/24/06

Preoperative Nursing Assessments 11/21/05, 7/24/06

Patient Information Sheet 3/3/06

EMG/NCV report 3/3/06

Skin Temperature Gradient Evaluation note 3/3/06

Emergency Room Notes 4/12/06, 11/17/06

X-ray report 4/17/06

Short Stay History and Physical note 7/24/06

Pain Procedure Documentation Form 7/24/06

Physician Orders 7/24/06

Anesthesia Record 8/31/06

Patient clinical history [summary]:

The claimant is a 42 year-old lady who allegedly suffered a workplace injury on _____. Subsequently she developed chronic low back pain. Physical examination reveals a disparity of neurological findings between examiners but includes sensory abnormalities of the L4 and L5 dermatomes and weakness of both extensor hallucis longus muscles. There is apparently widespread muscle spasm and tenderness in the lower back. She has undergone extensive conservative treatment over almost a 2-year period, including a total of 130 physical therapy sessions. Although these may have had functional benefit, the claimant's pain still prevents her from returning to work. She has also undergone an epidural steroid injection and 3 sets of lumbar facet joint blocks.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision:

The claimant has chronic low back pain, which apparently began following a back strain at work. She has been treated with a great deal of conservative care as well as with trials of interventional treatments with little progress toward resolutions. There is some evidence of a psychological overlay to her symptoms. She is the type of patient for whom multidisciplinary chronic pain management programs are designed to help. She meets the usual selection criteria for entry into such a program, as listed below. An initial 10-day trial of the requested multidisciplinary chronic

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pain management program should be considered to be medically necessary. If she participates enthusiastically and makes appropriate progress during this trial, it is likely that further chronic pain sessions will be necessary before she is finished with this treatment.

A description and the source of the screening criteria or other clinical basis used to make the 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.

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.

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