

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
**7502 GREENVILLE AVENUE**  
**SUITE 600**  
**DALLAS, TEXAS 75231**  
**(214) 750-6110**  
**FAX (214) 750-5825**

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Notice of Independent Review Decision

SENT TO: Texas Department of Insurance  
DWC  
Fax: 512-804-4868

Mr. James Odom  
Texas Health  
5445 La Sierra Drive, #204  
Dallas, TX 75231

Ms. Raina Robinson  
American Home Assurance Company/ARCM  
P. O. Box 115114  
Carrollton, TX 75011-5114

John Botefuhr, D.C.  
4924 Greenville Avenue, Suite 100  
Dallas, TX 75206

UniMed Direct  
5068 W. Plano Pkwy., Suite 122  
Plano, TX 75093

Ms. Stacie Rhinehart  
Arkansas Claims Management, Inc.  
P. O. Box 1288  
Bentonville, AR 72712

February 26, 2007

RE: IRO Case #: MDR Tracking #: M2-07-0786-01  
Name: \_\_\_\_\_  
Coverage Type: Workers' Compensation Health Care (Non-network)

Type of Review:

- Preauthorization or Concurrent Review  
 Retrospective Review

Prevailing Party:

- Requestor

Carrier

Southwest Medical Examination Services, Inc. has been certified, certification number IRO Cert # IRO 5313, 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.

This case was reviewed by a physician who is certified in the area of psychiatry and neurology in psychiatry, pain medicine; and addiction medicine. 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 Southwest Medical Examination Services, Inc. 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 February 26, 2007.

#### 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.

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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,

John Turner  
Vice President

**DATE OF REVIEW:** February 26, 2007

**IRO CASE #:** MDR TRACKING #: M2-07-0786-01

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

(97799-CP) Chronic pain management program x 20 days/sessions.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Diplomate, American Board of Psychiatry and Neurology in Psychiatry; Diplomate, American Board of Pain Medicine; American Society of Addiction Medicine

**REVIEW OUTCOME**

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Medical records from the Requestor include:

- Las Colinas Medical Center, 07/06/06
- Kevin Boehle, D.O., 07/06/06, 07/18/06, 07/26/06
- Texas Health, 08/11/06, 11/16/06, 11/20/06, 11/27/06
- DFW MRI, 08/17/06
- North Dallas Advanced Diagnostics, 08/29/06
- Bradley J. Eames, D.O., 09/08/06, 09/15/06, 10/02/06, 10/13/06, 11/20/06
- UniMed Direct, 12/01/06, 12/28/06

Medical records from the Carrier include:

- Employer's First Report of Injury or Illness, 07/05/06
- Occumed, 07/06/06, 07/18/06, 07/19/06, 07/26/06
- Las Colinas Medical Center, 07/06/06
- Kevin Boehle, D.O., 07/06/06, 07/11/06, 07/18/06, 07/26/06
- John Botefuhr, D.C., 07/27/06, 08/02/06, 08/09/06, 08/17/06, 08/23/06, 08/24/06, 08/30/06, 09/12/06, 09/18/06, 09/25/06, 10/05/06, 10/17/06, 12/15/06, 01/17/07
- Texas Health, 08/11/06, 10/26/06, 10/27/06, 10/30/06, 10/31/06, 11/01/06, 11/02/06, 11/03/06, 11/06/06, 11/08/06, 11/09/06, 11/13/06, 11/14/06, 11/15/06, 11/16/06, 11/17/06, 11/20/06, 11/21/06, 11/22/06, 11/27/06, 11/29/06, 12/01/06, 12/05/06, 12/06/06, 12/07/06, 12/08/06, 12/11/06, 12/13/06, 12/14/06, 12/15/06, 12/18/06, 12/19/06, 12/20/06
- DFW MRI, 08/17/06
- North Dallas Advanced Diagnostics, 08/29/06
- Bradley J. Eames, D.O., 09/08/06, 09/15/06, 10/02/06, 10/13/06, 10/24/06, 11/20/06
- United Therapy Center, 10/19/06, 11/10/06, 11/29/06
- Hooman Sedighi, M.D., 10/25/06
- UniMed, 12/01/06, 12/26/06
- John Wey, M.D., 01/29/07
- Claims Management, Inc., 02/07/07

Medical records from the Treating Doctor include:

- Occumed/Kevin Boehle, D.O., 07/06/06, 07/11/06, 07/17/06, 07/18/06, 07/26/06,
- Las Colinas Medical Center, 07/06/06
- John Botefuhr, D.C., 07/27/06, 08/09/06, 08/17/06, 08/23/06, 08/24/06, 08/30/06, 09/12/06, 09/18/06, 09/19/06, 09/25/06, 09/26/06, 09/27/06, 10/05/06, 10/17/06, 12/18/06, 01/17/07, 01/18/07
- Texas Health, 08/11/06,
- DFW MRI, 08/17/06
- Miguel B. Banta, Jr., M.D., 08/23/06
- North Dallas Advanced Diagnostics, 08/29/06
- Bradley J. Eames, D.O., 09/08/06, 09/15/06, 10/02/06, 10/13/06, 11/14/06, 12/19/06
- United Therapy Center, 10/19/06, 11/10/06, 11/29/06
- Hooman Sedighi, M.D., 10/25/06
- John Wey, M.D., 01/29/07

**PATIENT CLINICAL HISTORY:**

The patient has an eight month history of shoulder sprain/inflammation. This would be expected to resolve on its own. Nonetheless, the patient has had physical therapy and extensive consultations, as well as various diagnostic procedures.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The patient has had sufficient diagnostic workup, physical therapy, as well as interdisciplinary treatment in the form of work hardening in order to address any shoulder myofascial pain or bursitis.

Biopsychosocial rehab (from the shoulder treatment section Official Disability Guidelines): Not recommended. Multidisciplinary biopsychosocial rehabilitation programs for neck and shoulder pain require substantial staff and financial resources. Despite questionable scientific evidence of their effectiveness, they are widely used. There appears to be little scientific evidence for the effectiveness on neck and shoulder pain of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation methods. ([Karjalainen-Cochrane, 2001](#)) ([Horneij, 2001](#)) ([Jensen, 1995](#)) ([Karjalainen-Cochrane, 2003](#))

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE 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
- 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)