

INDEPENDENT REVIEW INCORPORATED

December 6, 2006

Amended December 6, 2006

Re: MDR #: M2 07 0169 01 Injured Employee: ____
DWC #: _____ DOI: ____
IRO Cert. #: 5055

TRANSMITTED VIA FAX TO:

TDI, Division of Workers' Compensation
Medical Dispute Resolution
Fax: (512) 804-4868

RESPONDENT: /Nova Pro Risk

REQUESTOR: Positive Pain Management

TREATING DOCTOR: Carlos Viesca, MD

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the office manager of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him 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 Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was

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reviewed by a physician who is a board certified in neurology and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to all participating parties and the TDI, Division of Workers' Compensation. This decision by Independent Review, Inc. is deemed to be a DWC decision and order.

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.

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 December 6, 2006.

Sincerely,

Jeff Cunningham, DC
Office Manager

INDEPENDENT REVIEW INCORPORATED

REVIEWER'S REPORT M2 07 0169 01

MEDICAL INFORMATION REVIEWED:

1. DWC Assignment
2. Insurance carrier records
3. Provider records
4. Positive Pain Management records

BRIEF CLINICAL HISTORY:

Request has been made for this patient to participate in a 20-day pain management program. This has previously been denied and is now being appealed. This is a 40-year-old woman who reported development of thoracic spine pain with the date of onset of _____. She reportedly had been performing repetitive searches with her job with the _____. She allegedly experienced the onset of pain upon standing upright on one occasion. She has subsequently sought medical attention for this, including seeing several physicians, physical therapist, chiropractors, and psychologists. She has had 2 thoracic MRI scans, which were normal, and a cervical MRI scan, which showed mild multilevel spondylosis. A functional capacity evaluation was performed in April 2006, and this indicated that she was capable of all functions for her job except bending (which could be accommodated). She also had been determined to have reached maximum medical improvement in March 2005. She has, however, continued to complain of thoracic spine pain, despite physical therapy, muscle relaxants, anti-inflammatory medications, pain medications, biofeedback, and prescription with medications considered beneficial for depression and neuropathic pain. She has been determined to have both anxiety and depression. She did return to work briefly but then was placed off work because of her constant complaint of thoracic pain. She has been advised to enter a 20-day comprehensive pain management program, but this was previously denied. This denial is now being appealed.

DISPUTED SERVICES:

A 20-day comprehensive pain management program.

DECISION:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER ON THIS CASE.

RATIONALE OR BASIS FOR DECISION:

This patient has no objective evidence for a spine injury of significance. Her thoracic spine MRI scan has been normal on 2 occasions, and she has no abnormal neurologic findings. There does not, at this point in time, appear to be a physical cause for her pain. Sufficient time has elapsed from the time of her date of injury for any physical injury that may have occurred to have healed. The diagnosis was thoracic sprain, and this is not a medical condition expected to persist for more than 3-6 months at most. She has been considered at maximum medical improvement in March 2005, and the functional capacity evaluation in April 2006 indicated she could return to work with minimal restrictions. There appears to be a large psychological or functional component to her symptoms, despite a broad spectrum of therapeutic approaches, which have already been tried. Participation in a 20-day pain management program is highly unlikely to be beneficial at this time, considering the time since the reported date of injury, failed interventions already attempted, and the likelihood of psychological and functional overlay.

SCREENING CRITERIA/TREATMENT GUIDELINES/ PUBLICATIONS UTILIZED:

ACOEM Guidelines do not support this therapeutic approach, in particular at this point in time related to the alleged date of injury. ODG Guidelines consider the necessity for outpatient pain rehabilitation to include a “physical cause” to the patient’s chronic pain. The ODG Guidelines also need a “significant loss of ability to function independently” as a result of chronic pain. These do not appear to be the case here.