

September 8, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-2970-01
TWCC#:
IRO Certificate No.: IRO 5055

REVISED CORRESPONDENCE
Decision wording corrected.

IRI has performed an independent review of the medical records of the above-named case 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.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

Clinical History:

This female claimant suffered a work-related injury on 05/26/92. She experiences bitemporal headaches associated with nausea, burning pain in the neck, bilateral trapezial region pain, infrascapular pain, lumbar pain, and posterior iliac pain. She has been unable to be employed due to her pain. She has diminished left grip strength, tenderness to palpation at multiple locations, and absent DTR's in the upper extremity. Clinical impression included myofascial pain syndrome, left upper extremity weakness and depression.

Psychological evaluation on 01/29/02 revealed major depression, adjustment disorder with anxiety, and a sleep disorder. A Global Assessment of Function (GAF) of 50 was determined. Treatment documentation through March 2002 indicated that the patient had a flat affect. She believed the source of her psychological problems was her work-related injury. She was encouraged to learn pain coping skills. On 04/02/02, clinical impression included myofascial pain syndrome, decreased left grip strength, and depression. Prescriptions of Vicodin, Soma and Paxil were refilled.

On 06/25/02, the patient complained of diffuse pain. She experienced decreased grip strength on the left, tenderness to palpation in multiple locations, and painful, as well as restricted, range of motion. Her prescriptions of Vicodin and Soma were renewed, but Paxil was discontinued. Celexa was prescribed.

A chiropractor evaluated the patient on 07/17/02, and noted a dampened affect and pain posturing. Lumbar, shoulder, and cervical range of motions were reduced and painful to perform. Grip strength was diminished on the right. Tenderness to palpation was present in multiple locations. The chiropractor's clinical impression included a diffuse chronic myofascial pain syndrome. Spinal manipulation was recommended in conjunction with a chronic pain management program.

The patient was seen on 07/22, 07/25, 7/26, and 7/30/02. She complained of major headaches, diffuse pain throughout the cervicothoracic spine, muscle spasms and trigger points were noted. Manipulation of the cervical spine was performed. According to the records presented for review, the patient was seen regularly through 06/26/03, with biofeedback begun around September 2002. As of 06/26/03, Hydrocodone and Paxil were continued. Skelaxin was not refilled, and Parafon Forte was started.

Disputed Services:

Office visits with manipulation, psychotherapy and biofeedback during the period of 07/17/02 through 10/25/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the services in question were medically necessary in this case.

Rationale:

The services provided aided the patient in reducing her chronic pain syndrome. The treatment was to relieve the symptomatology naturally and was reasonable and medically necessary, given the patient's chronic pain condition.

According to Texas Labor Code 408:021(a), an employee is entitled to the care reasonably required in association with their injury and the treatment thereof. If the patient's condition is not stable, the care to maintain and promote healing is medically necessary.

and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,