

May 16, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0522-01
IRO Certificate No.: I RO 5055

Dear

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). Texas Workers' Compensation Commission Rule 133.308 "Medical Dispute Resolution by an Independent Review Organization", effective January 1, 2002, allows an injured employee, a health care provider and an insurance carrier to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ 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. Your case was reviewed by a physician Board Certified in Pain Management.

THE PHYSICIAN REVIEWER OF THIS CASE DISAGREES WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE. AS NOTED IN THE ENCLOSED REPORT, THE REVIEWER RECOMMENDS FOUR (4) WEEKS OF CHRONIC PAIN MANAGEMENT, FIVE (5) DAYS A WEEK.

I am the Secretary and General Counsel of ___ 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 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.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

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f disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

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.

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 14TH day of May 2002.

Sincerely,

MEDICAL CASE REVIEW

This is ___ for ___. I have reviewed the medical information forwarded to me concerning Case File #M2-02-0522-01, in the area of Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for authorization dispute for chronic pain program.
2. Authorization request.
3. Designated doctor evaluation.
4. History and physical.
5. X-rays and MRI reports.
6. Physical therapy reports.
7. Epidural reports.

B. SUMMARY OF EVENTS:

The patient's date of injury was ___. There was a request for chronic pain program for 30 days, five days a week for six weeks. This was requested by ___. The patient has had prior cervical and lumbar epidural steroids, without significant improvement. No surgery was recommended at this time. The diagnoses presented were (1) lumbar disk protrusion with a posterior central annular tear, (2) lumbar canal stenosis, (3) radiculopathy, and (4) hypertension.

The patient has had previous Harrington rods placed at age 12 for scoliosis. The patient was also noted to have significant congenital fusion at two levels of the cervical spine. The patient was reported as not being

at maximum medical improvement as of 2/28/02. The patient is 30 years old. She is, in one place, stated to be 5 ft. 1 inch, 175 pounds, another place says 5 ft. 11 in., 175 pounds, and a third area says she was a petite individual. I am not sure which of these is correct.

C. OPINION:

I PARTIALLY AGREE WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON THIS CASE.

I do partially agree that this patient requires some chronic pain management program. However, I think six weeks is excessive, and I think four weeks of chronic pain management program, five days a week, should be able to resolve this case one way or the other as far as whether this lady would be able to get back to work or not. Therefore, I am recommending four weeks of chronic pain management program, five days a week, for four weeks.

This lady has been having pain for approximately 18 months, almost two years since her injury, and has not been able to get back to work. They have tried a work hardening program, and this has been unsuccessful. She continues to hurt. The pain diagram that she filled out indicates that she is having pain in just about every part of her body--her back, low back, both legs, both arms, shoulders, and the back of her neck. It is said that she was totally pain-free following her Harrington rods being placed at age 12 until this injury on _____. Over the past two years, she has not been able to work, and there could possibly be some secondary gain issues here. Consequently, I would suggest that this would be a last-ditch effort to try and get her back to work, by going to this chronic pain management program. There does not seem to be any surgical procedure which would be of any benefit to this lady, even though she has not been seen by a spine surgeon.

D. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 13 May 2002