

June 17, 2002

Re: Medical Dispute Resolution  
MDR #: M2-02-0530-01  
TWCC File #:  
Injured Employee:  
DOI: SS#:  
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 Physical Medicine and Rehabilitation.

THE PHYSICIAN REVIEWER OF THIS CASE DISAGREES WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE. THE REVIEWER RECOMMENDS THAT THE P.R.I.D.E. PROGRAM BE ALLOWED TO CONTINUE AND TO BE FINISHED OUT FOR UP THROUGH 28 SESSIONS TOTAL.

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©).

If 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 9th day of April, 2002.

Sincerely,

Secretary & General Counsel

#### MEDICAL CASE REVIEW

This is \_\_\_ for \_\_\_. I have reviewed the medical information forwarded to me concerning Case File #M2-02-0530-01, in the area of Physical Medicine and Rehabilitation, specifically Pain Management programs. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of continuing participation in a PRIDE program.
2. \_\_\_ correspondence and documentation.
3. Physician's records.
4. The adverse determination for pre-authorization of the program.

B. SUMMARY OF EVENTS:

This is a gentleman who, \_\_\_, sustained a lumbar injury. There is a significant pre-existing history of a prior lumbar surgery at the same level as noted in this particular case. This newer injury appears to have resulted in a repeat lumbar laminectomy/discectomy at this level. He continued to have a significant amount of low back pain, and the records seem to reflect that he developed some psychiatric component to this, resulting in an anxiety disorder and at times some panic disorder.

He was under the care of \_\_\_. \_\_\_ started a very complex medicine regimen of antipsychotropic medications to include oral analgesics, both narcotic and non-narcotic. \_\_\_ felt that this individual should be entered into the PRIDE program, and initial requests were for 26 to 28 sessions of the PRIDE program. This was denied by \_\_\_ in an adverse determination, as he felt that the program was not reflective of reasonable and necessary care secondary to the pathology identified, and there was a lack of objective findings to support the requested procedure.

There was a telephone conversation with \_\_\_, and \_\_\_ felt that there was a need for treatment for depression and the other psychiatric components as noted above.

The notes from the treating doctor relative to the telephone call seemed to reflect a conversation very different than the notes provided by the physician reviewer in this case. \_\_\_ then contacted the adjuster and convinced the adjuster that an abbreviated program of 12 sessions would be indicated in this case. At the completion of these 12 sessions, there was a request for an additional 16 sessions. It would appear that the issue at the heart of the matter is was this a 12-session program or was this initially meant to be a 28-session program handled in two phases. There seemed to be some communication difficulties relative to

this particular point.

C. OPINION:

I DISAGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER IN THIS CASE.

The records provided only indicate an initial denial by \_\_\_ relative to the entirety of the PRIDE program. This decision was overridden by the adjuster in a 12-session program to facilitate a return to work. A review of the PRIDE notes indicates that there has been some functional improvement, albeit marginal, relative to physical capability, but there has been documentation of improvement.

Therefore, it is my assessment that this program should be completed. The notes reflect that the initial request was for a full PRIDE program, and a partial trial that would document efficacy was agreed to by the adjuster. It would seem there was a lack of communication between the parties as to the extent of the program, and the lack of physician-to-physician peer review discussion relative to the second half of the program has been completed. Noting that there has been some improvement in the overall condition and the efficacy of the program has been documented, it would be my assessment that this program be allowed to continue and to be finished out for up through 28 sessions total.

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.

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Date: 17 June 2002