

July 11, 20002

Re: Medical Dispute Resolution  
MDR #: M2-02-0646-01  
IRO Certificate No.: IRO 5055

Dear

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 physician. Your case was reviewed by a Doctor of Osteopathy who is Fellowship Trained in Pain Management and Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Management.

**THE PHYSICIAN REVIEWER OF THIS CASE AGREES WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE.**

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 January 8, 2003.

Sincerely,

### **MEDICAL CASE REVIEW**

This is for \_\_\_\_\_. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0646-01, in the area of Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Lumbar MRI (4/06/01).
2. Medical records of \_\_\_\_ (7/27/01).
3. Medical records of \_\_\_\_\_.
4. Psychologic evaluation, \_\_\_\_\_, (8/20/01).
5. Physical therapy notes.
6. Medical records of \_\_\_\_\_.
7. Pain management weekly progress notes (12/11-12/15/01, 12/17-12/21/01).
8. Designated doctor evaluation, chiropractor \_\_\_\_\_ (3/08/02).
9. Reconsideration letter, psychologist \_\_\_\_\_ (1/03/02).

B. BRIEF CLINICAL HISTORY:

The claimant was allegedly injured at work on \_\_\_\_\_. While carrying some food, he slipped on the floor, allegedly causing injury to his low back. He developed lumbar pain radiating into the right leg. An MRI on 4/06/01 demonstrated mild L4-5 and L5-S1 degenerative changes with a small annular fissure/tear at L5-S1 and edema end-plate changes at L5-S1. The patient was seen by \_\_\_\_\_, physiatrist, on 7/27/01 who performed EMG/NCV studies which demonstrated "no electrical evidence of lumbosacral radiculopathy." Mild right sciatic neuropathy was noted on nerve conduction tests. By then, the patient had had two lumbar epidural steroid injections which did not provide any relief. This was documented by his treating doctor, \_\_\_\_\_, on follow-up visit of 7/06/01. He recommended lumbar diskography at L4-5 and L5-S1. This was, however, denied.

The patient was then sent for a psychologic evaluation on 8/20/01, allegedly for emotional symptoms caused by his injury five months previous. There was no prior mention in any medical records of any providers, however, of any psychologic problems or emotional distress. The claimant was diagnosed with depression and anxiety and recommended for a multi-disciplinary pain program. Physical therapy was then again tried, with no benefit.

On 10/16/01, \_\_\_\_\_ recommended referring the patient to the PRIDE Pain Program, but instead the claimant was evaluated again by the \_\_\_\_\_, and again recommended for admission to a 30-session chronic pain program by its director, \_\_\_\_\_. \_\_\_\_\_ evaluated the patient on 11/26/01, documenting a physical examination of nonspecific findings. The patient had tenderness over the upper lumbar area and "minimal tenderness" over the lumbosacral junction and sacroiliac joints. Straight-leg raising tests reproduced back pain only, which is, therefore, a negative test. There were no neurologic deficits noted in the lower extremities. Again, there is no mention of any psychologic problems or impact on the claimant's clinical course in \_\_\_\_\_ evaluation. Nonetheless, the claimant was approved for two weeks of the chronic pain management program, beginning on 12/11/01.

The first week, he had minimal progress. During the second week, he again had minimal progress, although he did meet the stated goals of the program at the second week. However, in my opinion, these goals are set at a very low level of expectation, so that meeting these goals does not constitute any significant clinical success. The claimant then had a designated doctor evaluation performed by chiropractor \_\_\_\_\_, who stated the claimant was at MMI as of 3/05/02 with a 10% impairment rating. An additional 20 sessions of the chronic pain management program were

requested, but only five additional sessions (one more week) were approved, to be scheduled 1/11-1/21/02.

In the reconsideration letter on 1/03/02, psychologist \_\_\_ states the claimant's progress after two weeks, which had already been documented in the weekly progress notes of 12/24/01. \_\_\_ stated that although the claimant's pain levels had not dropped after two weeks, he would expect pain levels to begin to drop during the third week. No progress notes, however, are supplied for the third week of the chronic pain management program, nor is there any definitive documentation indicating whether that third week was ever provided.

C. DISPUTED SERVICES:

Request for final 15 sessions of chronic pain management program in order to complete the program in its entirety.

D. DECISION:

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

E. RATIONALE OR BASIS FOR DECISION:

At no time was there any medical documentation of psychologic problems impacting this patient's clinical course before being sent for the psychologic evaluation in August 2001, only five months after the work-related event. At no time has there been any objective evidence of clinically significant lumbar spine pathology or work-related injury to the lumbar spine. In fact, the MRI demonstrates chronic degenerative-type changes in the L4-5 and L5-S1 disks as well as no evidence of lumbosacral radiculopathy on electrodiagnostic testing. Physical examinations have also consistently demonstrated no evidence of radiculopathy, only generalized nonspecific lumbosacral tenderness. Since the claimant made minimal progress after two weeks of the chronic pain management program, and there is no documentation of the progress that was made after the third week of the program (if indeed the third week of the program occurred), it is neither medically reasonable nor necessary to complete the remaining 15 sessions of the requested 30 sessions for the chronic pain management program.

In fact, in my opinion, there was not sufficient medical justification to begin the pain program in the first place, as there never was any medical documentation of psychological problems or any impact of psychological problems on this claimant's clinical course. The injury sustained was a minor slip-and-fall injury, with no objective evidence of pathology or

damage to the lumbar spine to corroborate or justify the claimant's complaint of lumbar and lower extremity pain. Therefore, there is no medical reason to believe that treating this non-physiologic pain complaint would lead to any substantial improvement or resolution of symptoms, as there was no structural damage to corroborate or justify those symptoms in the first place. Degenerative disk disease is a consequence of life, not the result of a slip-and-fall injury. Treatment of degenerative disk disease, therefore, is not the responsibility of the Worker's Compensation carrier, as the condition did not arise or naturally occur as a result of the described work-related event.

F. 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: 7 July 2002