

August 14, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0744-01
IRO Certificate No.: IRO 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 physician. Your case was reviewed by a physician reviewer who is Board Certified in Neurology and Pain Management.

THE PHYSICIAN REVIEWER OF THIS CASE DISAGREES WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT. The reviewer has determined that a 30-session, multidisciplinary pain management program is medically necessary in 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 August 14, 2002

Sincerely,

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0744-01, in the area of Pain Management and Neurology. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

All documents provided including:

1. Medical Dispute Resolution form.
2. Notes from _____, and _____.
3. Notes from _____.

B. BRIEF CLINICAL HISTORY:

This injured worker has diagnoses of carpal tunnel syndrome which were surgically treated, and then subsequently has been diagnosed with “reflex sympathetic dystrophy” or “complex regional pain syndrome.” There has been documented response, though only temporary, to stellate ganglion blocks performed by ____.

C. DISPUTED SERVICES:

Request for pain management program for thirty (30) sessions, including physical therapy, myofascial therapy, exercise therapy, biofeedback, water therapy, psychological counseling, and physician input into medical care as well.

D. DECISION:

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

E. RATIONALE OR BASIS FOR DECISION:

My review of records indicates that this patient would be a good candidate for the proposed treatment regarding her complex pain condition. She has not responded satisfactorily thus far to medication management as well as stellate ganglion blocks or sympathetic blocks. Additionally, there is documentation in the records indicating not only pain from the “RSD” but also effects of depression and insomnia, etc., which conceivably are an outcome of the chronic pain condition.

I believe that a multidisciplinary chronic pain program, with the services that have been outlined by ____, is a medically reasonable and necessary approach for this type of pain condition and presentation. Beyond this treatment approach, if it proves to be unsatisfactory still, the patient may even pursue more aggressive treatment, perhaps by way of the spinal cord stimulation that was proposed by _____. However, I do feel that the more conservative approach through a chronic pain program, as outlined by ____, is appropriate.

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.

Date: 9 August 2002