

## NOTICE OF INDEPENDENT REVIEW DECISION

August 20, 2002

RE: MDR Tracking #: M2-02-0855-01  
IRO Certificate #: 4326

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

This 52 year old diabetic female sustained a work related injury on \_\_\_ when she wore shoes to work that caused a breakdown of the skin on her left fifth toe. The toe became infected and was amputated. The patient is being treated by a chiropractor and has participated in work hardening. Upon examination, the patient complains of left foot pain. The treating chiropractor has recommended that the patient undergo psychological testing and a psycho-physiological profile assessment for chronic pain management.

### Requested Service(s)

90830 – 4 hours of psychological testing  
90900/90906 – Psycho-physiological profile assessment

### Decision

It is determined that the psychological testing and psycho-physiological profile assessment are not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

A practitioner commonly utilized for pain management should perform the appropriate evaluation of this patient's condition. A referral to an anesthesiologist should be considered in any chronic pain management program. The American Society of Anesthesiologists has specific protocols that are followed to determine if a patient is a candidate for chronic pain management programs. In the Practice Guidelines for Chronic Pain Management published in Anesthesiology, April 1997, a complete diagnostic evaluation must include not only a psychosocial consultation, but also an assessment for more aggressive treatment options that can include analgesics, neurostimulators, regional blocks, and opioid therapy. If a patient only has a psychological or psychosocial assessment, the provider is limiting possible treatment options and applications. A chronic pain management program is multi-disciplinary and should use all possible options to help alleviate pain complaints. Therefore, the medical necessity for the psychological testing and psycho-physiological profile assessment has not been established.

This decision by the IRO is deemed to be a TWCC decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the 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 **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

**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 **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 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 (Commission Rule 133.308 (t)(2)).

Sincerely,