

NOTICE OF INDEPENDENT REVIEW DECISION

September 24, 2002

RE: MDR Tracking #: M2-02-0951-01
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 anesthesiology. ___ 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 46 year old female sustained a work related injury on ___ when she slipped and fell due to grease on the floor while working as a dishwasher. The patient landed on her back and complained of immediate onset of pain. The treating physician has referred the patient to ___ due to continued back pain as well as depression.

Requested Service(s)

30 day pain management program

Decision

It is determined that the 30 day pain management program is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient has had complaints of pain since her injury in ____. She has developed psychological traits of chronic pain syndrome and is in the tertiary phase of specialized care. The psychological evaluation reveals traits such as poor coping, sleep disturbance, anxiety, depression, decreased activity, and a high sense of disability due to the pain (Millon Behavioral Health Inventory of April 2002 and Back Depression Index of April 2002). Evidence based approaches to this type of chronic pain have the most efficacious response

from treatment with a multidisciplinary pain program as long as the patient continues to meet goals throughout the program. This is supported in the reference; J Black, "Clinical practice guidelines for chronic non-malignant pain syndrome patients II: An evidence-based approach", Musculoskeletal Rehabil, 1999 Jan 1; 3:47-58. The North American Spine Society guidelines also recommend a multidisciplinary pain program at this tertiary stage of treatment in NASS Clinical Guidelines PHASE III- Unremitting Low Back Pain, "Tertiary Phase of Specialized Care" C. Table III. One of the 13 goals for this patient is vocational, and returning this patient to the work force is an objective of the program, making this treatment especially appropriate. Therefore, the 30 day pain management is medically necessary.

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,