

October 25, 2002

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

MDR Tracking #: M2 03 0041 01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

#### CLINICAL HISTORY

According to the records provided, this claimant was injured on \_\_\_\_. The claimant was apparently preparing trash bins to be emptied via a forklift when he became pinned between the forklift and the trash receptacle. The force of impact, speed of the forklift, the amount and/or region in which the compressive pressure was applied is unclear, per the records. It would appear that this claimant was standing upright and an approaching forklift pushed and/or pinned the claimant against a trash bin. Therefore, there were no axial compressive forces administered and there was no hyperflexion/hyperextension mechanism described. Per the records, this claimant "turned his body off toward the impact". This would indicate a lateral impact type of injury. After exiting this situation, the claimant was taken to a hospital where he was examined and laboratory/radiologic testing was performed. Imaging identified degenerative changes within multiple levels of the cervical and lumbar spine. These findings would be consistent with a pre-existing degenerative condition. CT scan also identified bilateral renal cysts. There was indication that blood was present in his urine specimen. There was "no acute abnormality" indicated on any of the imaging studies performed on June 9, 2000. In addition, this claimant (at a different time) underwent a nerve conduction study which

was considered unremarkable. This claimant has undergone active and passive modalities, psychological guidance/treatment, and medication treatment and continues to experience high levels of pain since the injury.

#### DISPUTED SERVICES

The medical necessity of a Chronic Pain Management program for 30 sessions is in dispute.

#### DECISION

The reviewer agrees with the prior adverse determination.

#### BASIS FOR THE DECISION

There is no supportive literature that would support continued care for a sprain/strain and/or contusion type of condition after 2 years from the date of injury. Furthermore, there was questionable objective evidence documented and minimal significant evidence to support the degree of discomfort experienced by this claimant. This claimant has been under care for two years. The claimant has participated and/or has had proper instruction on therapeutic exercises, which could be conducted at home. There is documentation of minimal reduction in the perceived levels of pain throughout the claimant's case. The claimant has received an adequate round of psychological treatment as related to the "natural history" of these types of injuries. There was objective evidence documented that would be considered contradictory to the highly subjective condition (chronic pain). However, if pain control is the main focus, home modalities and/or medication would help this claimant control his perceived condition. Therefore, any additional psychological treatment would be considered to not be medically necessary.

As an officer of \_\_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

#### **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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes 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 a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).