

December 6, 2002

Re: Medical Dispute Resolution
MDR #: M2.03.0100.01
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 health care provider. Your case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation.

Clinical History:

This 37-year-old female claimant was injured on the job on ____. She was treated conservatively with medications and physical therapy for radiculitis and acute muscle spasms associated with cervical and back pain. Imaging studies of her cervical and lumbar spine were essentially unremarkable.

When her severe pain persisted, she underwent bilateral cervical facet blocks and occipital nerve blocks, and continued with physical therapy.

It was noted that she had poor coping skills and was suffering from severe depression. It was recommended that she participate in a chronic pain management program. The records reflect that she has participated in individual psychotherapy with little improvement in her subjective complaints of pain and depression.

Disputed Services:

Twenty-day multi-disciplinary pain management program.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer is of the opinion that a ten-day multi-disciplinary pain management program is appropriate and medically necessary in this case.

Rationale for Decision:

This claimant presents with a seemingly minor injury to the neck and back that is most likely soft tissue in origin. Her response to current treatment has been less than satisfactory. Her psychological evaluation reveals a G.A.F. of 50, and the claimant is clearly exhibiting chronic pain behavior, presenting with functional limitations and emotional dysfunction.

The reviewer recommends ten (10) visits of a chronic pain management program with a comprehensive assessment following ten (10) visits to determine the efficacy of the program. Based on the results of the first two weeks, determination of continuation in the program could then be made.

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 care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to 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 December 6, 2002.

Sincerely,