

August 8, 2003

Re: MDR #: M2-03-0168-01

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 Certified in Chiropractic Medicine.

Clinical History:

This female claimant was working when she injured her left knee, left hip, and left ankle on ___. Left knee surgery was performed on 03/25/02; however, the exact nature of the surgery was not presented in the medical records provided for review. She was evaluated by an M.D. on 04/10/02, 05/23/02, 06/13/02, and 09/11/02. She was treated with medication and the recommendation was made on 09/11/02 to proceed with work hardening and a psycho-physiological profile assessment (PPA). Psychosocial evaluation that included a clinical interview, mental status examination, and a Minnesota Multiphasis Personality Inventory (MMPI) was performed on 07/10/02.

Disputed Services:

Chronic pain management program.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that a pain management program is medically necessary in this case.

Rationale:

All of the patient's therapeutic applications have failed to transition her to the work environment since her injury on ___. The psychosocial evaluation on 07/10/02 has shown that she may lack sufficient coping strategies to function in a productive manner with her injury limitations.

It is imperative that this patient be given the tools that are necessary for her to increase her activity level, implement greater activities of daily living, and perhaps return to industry. Vocational re-training may be applicable so that this patient may have the possibility of re-introduction into the workforce.

The aforementioned information has been taken from the following clinical practice guidelines and/or peer-reviewed references:

- *Clinical Practice Guidelines for Chronic Non-Malignant Pain Syndrome Patients II: An Evidence-Based Approach.* J. Back Musculoskeletal Rehabil.

- , 1999, Jan 1, 13:47-58.
- _____, _____, _____, _____, _____, _____. *A Prospective One-Year Outcome Study of Inter-Disciplinary Chronic Pain Management: Comprising Its Efficacy by Managed Care Policies.* *Anesth. Analg.*, 2003, Jul; 97(1):5156-62.

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 August 8, 2003.

Sincerely,