

December 3, 2002

MDR Tracking #:  
IRO #:

M2-03-0170-01  
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 proposed care 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Anesthesiology/Pain Management. 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

\_\_\_ was injured on \_\_\_ and she subsequently underwent two lumbar spinal surgeries, the last of which was on 7/8/98. On that date she underwent surgery for a recurrent L4 disc, consisting of laminectomy, foraminotomy, facetectomy and fusion of L4-5 using instrumentation and right iliac crest bone graft.

On 3/31/99, \_\_\_ underwent a FCE after having attended six weeks of a work hardening program. This FCE indicated that \_\_\_ was functioning only at a light level of work, with her job being classified at a medium level of work.

On 2/5/02, she followed up with \_\_\_, the operating surgeon, continuing to complain of lumbosacral pain. A physical exam demonstrated no abnormal neurologic findings and nonspecific range-of-motion deficits. Pain continued on subsequent follow-ups through June 2002.

On 6/21/02, \_\_\_ was evaluated for a chronic pain management program with a P-3 Pain Patient Profile. It demonstrated an element of depression consistent with the mean value in pain patients, a level of anxiety consistent with the mean of the community, and a level of somatization scores somewhat less than the mean among pain patients. \_\_\_ then recommended a chronic pain management program for her, which was denied. Instead, eight sessions of individual psychotherapy were authorized, beginning on 7/9/02.

\_\_\_ completed eight sessions with \_\_\_, who reported significant improvement in the patient's pain, tolerance of pain, and reduction in medication at the completion of the eight sessions. In fact, at the completion of the eighth session on 8/8/02, she reported a pain level of zero.

In addition, ten chronic pain management sessions were recommended by \_\_\_, who expressed a concern that the claimant's improvement was so rapid that there might be significant risk of that improvement not being maintained. A repeat P-3 Pain Profile was performed on 7/31/02, with the results now demonstrating that all measured levels for depression, anxiety, and somatization were now well below the community mean.

A request was submitted for twenty sessions of chronic pain management on 8/12/02, and subsequently denied. On appeal, the request was again denied. The reason for denial was that there was insufficient explanation of the need for a chronic pain management program, given the dramatic improvement with psychotherapy, as well as the lack of a recent FCE to support the necessity of a chronic pain management program. There was also a significant question as to whether \_\_\_ had a job to return to.

#### REQUESTED SERVICE

A request for chronic pain management is requested for \_\_\_.

#### DECISION

The reviewer agrees with the prior adverse determination.

#### BASIS FOR THE DECISION

The reviewer finds it clear that the claimant has indeed had a significant improvement in her pain, emotional, and psychological status following eight sessions of psychotherapy. It is also clear that the tests utilized to justify the need for a chronic pain management program, which was denied but substituted with eight sessions of psychotherapy, clearly demonstrate quite significant improvement and currently demonstrate no medical necessity for a chronic pain management program.

All the psychological indices of the P-3 tests, which were elevated prior to the psychotherapy, are now within normal limits. Furthermore, there is no recent FCE to measure the claimant's capability for returning to work, again making a chronic pain management program unnecessary.

Finally, in the behavioral assessment performed on 6/21/02 by \_\_\_\_, he recommends that \_\_\_\_ "should explore the possibility of applying for Social Security Disability." This being the recommendation of the claimant's psychologic treating provider, there does not appear to be any plan for a return to work and, therefore, no need for a chronic pain management program, the stated purpose of which is to facilitate return to work. Therefore, since \_\_\_\_ has demonstrated significant improvement in psychological testing, by report of her treating psychologist, and has no obvious plans for return to work, there is no medical necessity for a chronic pain management program to treat her for the work injury of \_\_\_\_.

As an officer of \_\_\_\_, dba \_\_\_\_, 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).