

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 15, 2003

RE: MDR Tracking #: M2-03-0707-01
IRO Certificate #: 5242

___ 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 Psychiatric physician reviewer who is board certified in Psychiatry. The Psychiatric physician reviewer 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

The claimant reportedly injured his lower back while working on ___. Subsequent to this he has undergone a number of varieties of management for his injury including physical therapy, conservative measures and surgery, which he had in December 1999. He has had persistent pain complaints. The entirety of his history is not available for review, but it appears that in July 2002 he requested a change of doctors due to his primary doctor, no longer treating workers' compensation patients. Since that time he has been seen by the doctors. Under their care they have noted that he has been abusing his narcotic prescriptions. They have noted he is depressed and has persistent pain. The doctor has made attempts to taper the claimant off his pain medications without success. He has made some initial efforts at treating the depression and anxiety with Effexor without significant success. In November 2002 they referred the claimant for psychological evaluation and assistance in his management. He was evaluated and it was recommended for him to participate in the chronic pain management program at ___. The request for this was denied on 2 occasions. The first denial was based on that there was not an acute problem that could not await a designated doctor examination and the second denial was apparently based on a statement by the doctor that he is no longer treating this claimant and cannot say for certain exactly what the claimant needs at this time. Also reviewed was a medical review by another doctor dated 5/7/01 that noted the claimant had reached a stable level and that maximum medical improvement was assigned at 2/10/00. He recommended a home exercise program and return to work in a light duty capacity. There is an additional medical records review from October 2000 by the doctor that was reviewing the care that had been achieved to that point.

Requested Service(s)

Review of denial of chronic pain management program 240 sessions.

Decision

I disagree with the insurance carrier and feel that the chronic pain management program is appropriate at this juncture. I would recommend that the claimant be allowed to participate in 10 days of this program with approval of further days if the program provides objective evidence that the claimant's mood and pain are improving, that he is attending programming, and he is successfully tapering off narcotic pain medications. From the reviewed material, there appears to be some question as to the claimants motivation for treatment. If objective evidence of progress is not provided, I would not approve further sessions.

Rationale/Basis for Decision

The claimant has persistent pain, depression and anxiety apparently related to the after effects initial injury. He is also apparently narcotic dependent. He has participated in lesser levels of care without significant success. The current treating physician has attempted to manage his depression and anxiety at an outpatient level and has attempted to manage the narcotic addiction at an outpatient level. At this time, I do not agree with the doctor that an inpatient treatment setting is necessary for his pain medication addiction given that opiate withdrawal is not a dangerous withdrawal syndrome; however, a more intensive multidisciplinary approach to his pain management with attention to the narcotic dependence issue as is outlined in the ___ treatment plan seems appropriate at this time. The pending designated doctors examination which was the carrier's initial rationale for not approving the program is not included in the reviewed material, if it was ever accomplished. I would agree with this rationale if the designated doctor's examination had been scheduled in a timely fashion; however, it has been 6 months since the date on the letter of that denial. I do not understand the rationale of the second denial based on the doctors comments since 6 months prior to the denial the claimant had already requested a change in doctors due to the claimant no longer seeing workers' compensation patients. His current doctors' recommendations are for the chronic pain management program.

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** (ten) 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)).

This decision by the IRO is deemed to be a TWCC decision and order.