

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-3637.M2

NOTICE OF INDEPENDENT REVIEW DECISION

April 23, 2003

RE: MDR Tracking #: M2-03-0798-01
IRO Certificate #: IRO 4326

The ___ 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional 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

This patient sustained a work-related injury on ___ when she slipped on a wet floor, falling onto her lower back and buttocks. The patient described the pain as sharp, throbbing, aching, and numbness in the right leg. She rated the pain as 9/10. She also complained of pain in her right shoulder. A lumbar MRI performed on 08/08/02 revealed disc bulges at L4-5 and L5-S1 with desiccation and annular fissures at both levels. Both an EMG and NCV were performed on 11/15/02 and were reported as abnormal. The patient was treated with an epidural steroid injection.

Requested Service(s)

30-day pain management program

Decision

It is determined that the 30-day pain management program is medically necessary is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation indicates that the patient sustained a significant on the job injury. The patient underwent secondary stages of treatment for her injury and has not responded within a reasonable period of time. The documentation indicates that the patient is experiencing significant subjective and objective findings. In addition, the patient has psychosocial issues evident in her psychological evaluation report. When a patient fails conservative care, the third stage of care allows for a progression into a chronic program as in this case. Therefore, the 30-day pain management program is medically necessary.

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

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** (10) 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)).

Sincerely,

In accordance with Commission Rule 102.4 (h), 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 this 23rd day of April 2003.