

NOTICE OF INDEPENDENT REVIEW DECISION

May 7, 2003

RE: MDR Tracking #: M2-03-0840-01
IRO Certificate #: IRO4326

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 had an on the job injury ___ while moving a 100-lb piece of steel. He reports feeling a sharp and immediate pain in his back. This patient has been seen by a chiropractor and also pain management physician where he had S1 joint and lumbar epidural steroid injections. He rates his pain as 8/10 as recently as one month ago. An MRI from 08/23/02 reveals a protrusion at L5-S1, desiccation at L2-L3 and L3-L4, and disc bulging at multiple levels.

Requested Service(s)

A 30-day chronic pain management program was proposed.

Decision

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

Rationale/Basis for Decision

This patient initially started a course of conservative passive care. He was eventually referred to an orthopedist and had series of lumbar epidural steroid injections along with sacroiliac joint injections on 11/25/02, 01/09/03, and 01/23/03. Using the 1 out of 10 analog pain scale, there was no appreciable change in the patient's reported pain level, averaging around 8 out of 10. The patient has been unresponsive to treatments rendered thus far and is not a candidate for surgery. The chronic pain management program would be the next logical step and is medically indicated.

Jankus et al. conducted a study to determine long-term efficacy of an outpatient interdisciplinary pain treatment and management program for injured workers with chronic pain, and to determine if those referred earlier after injury are more likely to benefit. Ninety-one questionnaires were completed a median of 36 months following program completion. Ninety-three percent of patients reported improvements in pain symptoms at the time of program discharge and 76% reported maintenance or improvement of pain level between discharge and the time of survey. Of those not working at the time of initial evaluation, 74% reported return to work or current involvement in a retraining program. Patients referred less than or equal to 12 months after injury reported greater mean pain improvement and were significantly more likely to return to work. (Jankus WR, Park TJ, VanKeulen M, Weisenel M., "Interdisciplinary treatment of the injured worker with chronic pain: long term efficacy", *Wis Med J* 1995;94(5):244-9).

Therefore, it is determined that the proposed 30-day chronic 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 7 th day of May 2003.
