

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-03-3620.M2**

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 7, 2003

RE: MDR Tracking #: M2-03-0908-01
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 psychiatrist reviewer who is board certified in psychiatry. The psychiatrist 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 suffered a repetitive use injury related to her work. The injury was to her left elbow. Her initial date of injury was ___. She saw the physician who prescribed her a non-steroidal and some physical therapy. In April of 2001 she presented to an orthopedic surgeon, for further evaluation. He initially treated her with Cortizone, Vioxx, physical therapy and a work hardening program. In August of 2001 she was returned to work with no permanent impairment noted. She represented to the doctor in February of 2002 with recurrent symptoms. He offered her a fascial release of the left elbow, a Nirschl procedure. She had this done. Subsequently, she received additional physical therapy. She was noted to make progress and was returned to light duty and for work conditioning in August of 2002. She saw another doctor in September of 2002. He noted that she had good range of motion, no numbness or tingling, and a slight achy sensation. He gave her no permanent impairment and felt she had reached maximum medical improvement but was having some signs of deconditioning. She returned to the other doctor in October of 2002 complaining of continued burning pain in the elbow. He took her off work. He subsequently saw her again in November of 2002. She again complained of persistent pain and not feeling that she could return to work. The doctor referred her to the PRIDE program for chronic pain management. During November of that year, she also saw another doctor. He confirmed the diagnosis of epicondylitis. He notes that she is only taking birth control pills. She has mild pain on maximum flexion and extension and some pain with resisted supination and wrist dorsiflexion. She had normal x-rays. He recommended Cortizone injections and a hand therapist. There is not documentation included indicating that this was accomplished. On January 7, 2003 she saw another doctor on referral from the doctor. Of note from this evaluation, he felt that she had a chronic post surgical left lateral epicondylitis with volar forearm tendonitis, chronic left upper extremity deconditioning syndrome, and chronic pain with medical/psychological features. He felt she had the following potential barriers to functional recovery:

Failure to respond to post surgical primary and secondary level of care, heavy job demands, limited transferrable job skills, and rule out pending depression associated with chronic pain. Of note is that her Beck Depression Inventory score was four (4) indicating minimal depression. She was only taking Tylenol and birth control. He recommended that she get an MRI of the left elbow and that she go to the PRIDE intensive chronic pain management program for 30 sessions.

He again sees her back on January 21, 2003. She has been apparently started on Effexor XR by her primary care doctor. Her Beck depression inventory is still only three (3) and her Hamilton was seven (7). He continues to recommend the PRIDE program. He sees her on February 4th. She is continuing to take the Effexor, and she is on Celebrex. He notes that she has ongoing chronic left elbow pain and limited functioning. He sees her on March 13th and she is not on any medication. He feels that she has decreased strength of the left upper extremity and left elbow and forearm pain with decreased strength. She saw another doctor on April 16, 2003 for a designated doctor examination. His assessment is chronic lateral epicondylitis. He notes that there are also some inconsistencies in the physical exam such as non-anatomic pattern of numbness, lack of atrophy of the muscles and constant symptoms rather than symptoms exacerbated by various activities. He does not feel that her current pain symptoms are related to the accepted injury and he gives her a whole body impairment of 0%. He does not feel that the PRIDE program would offer any additional benefit to the treatment that she has already had. The initial denial for the PRIDE program was based on lack of information available for review that detailed the therapy rendered after the surgery on the left elbow. On appeal, the reviewer denied surmising that the pain management program does not appear to be necessary because the pain does not seem to be the problem. He concludes that lack of motivation to do a home exercise program, and perhaps lack of ergonomic guidance to improve the situation at the work center and to prevent re-injury, were the basis for the continued difficulties.

Requested Service(s)

Review of denial of a chronic pain program – thirty (30) sessions.

Decision

I concur with the insurance carrier that the chronic pain management program is not medically necessary at this juncture.

Rationale/Basis for Decision

The opinions in this case vary from feeling that the claimant has no limitations related to the primary injury to a totally disabling chronic pain condition with physical and psychological disturbance related to the primary injury. I concur with the insurance carrier that the PRIDE program is not medically necessary from the records reviewed. The primary reason is that if she is still having compensable pain, I think she could be treated with a less intensive program. Her psychological distress appears to be minimal based on the limited psychological screening performed. Additionally, it appears that there are still some reasonable alternative treatments available to her that has been recommended. It does not appear that she has consistently taken or been tried on many pain medications from the records that I have. Additionally, the records also reflect that she has responded in the past to physical therapy and work conditioning, though the response has been temporary (a few months) with return to work at the same position. A chronic pain management program is a tertiary level treatment that should only be considered if all primary and secondary levels of treatment have been tried and failed.

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 (pre-authorization) 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.