

July 9, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

MDR Tracking #: M2-03-1189-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. This physician is a board certified anesthesiologist. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 46 year-old female who sustained a work related injury on ___. The patient reported that while at work she was packing boxes that weighed approximately 25-30 pounds each. The patient reported that she fell onto boxes that were lying on the floor and was hit tumbling boxes from above her. The patient reported that she injured her entire back, right knee and shoulder and left ankle. The patient has undergone an MRI and EMG. The diagnoses for this patient include cervical discogenic pain, lumbar discogenic pain and myofascial pain. The treatment for this patient has included physical therapy, heat treatments and chiropractic manipulations.

Requested Services

Participation of 20 days behavioral pain management program to treat & assess decreased functioning in all major life areas, high mental stress & difficulty adjusting to injury, promote return to work and medical necessity.

Decision

The Carrier's denial of authorization for the requested services is overturned.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a 46 year-old female who sustained a work related injury to her low back, right knee, right shoulder and left ankle on ____. The ___ physician reviewer also noted that the diagnoses for this patient have included cervical discogenic pain, lumbar discogenic pain and myofascial pain. The ___ physician reviewer further noted treatment for this patient has included medical therapy, physical therapy, heat treatments, individual psychotherapy and chiropractic manipulations. The ___ physician reviewer indicated that the patient was also evaluated by an orthopedist who felt the patient had no surgically treatable problems. The ___ physician reviewer noted that the patient continues to complain of chronic right knee pain, cervical and lumbar spine pain. The ___ physician reviewer explained that the documentation provided indicated that the patient has a chronic pain syndrome as a result of a work related injury sustained ____. The ___ physician reviewer also explained that the patient has tried and failed numerous interventions and has continued pain despite medical therapy with Effexor, Vicodin, Neurontin and Ambien. The ___ physician reviewer indicated that the documentation provided indicates that the patient has demonstrated a decreased ability to manage her chronic pain condition, causing a disruption in her ability to function at home and in activities of daily living. The ___ physician reviewer also indicated that the patient had no previous history of depression prior to the injury on ____. The ___ physician reviewer explained that the requested chronic pain management program could enable the patient to improve her ability to cope with her chronic pain condition. The ___ physician reviewer also explained that the patient would benefit from participation in psychotherapy in conjunction with medication management to maximize her chances for long-term pain relief. Therefore, the ___ physician consultant concluded that the requested participation of 20 days behavioral pain management program to treat & assess decreased functioning in all major life areas, high mental stress & difficulty adjusting to injury, promote return to work and medical necessity, is medically necessary to treat this patient's condition at this time.

This decision 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 (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 a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

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,

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 9th day of July 2003.