

July 24, 2003

Re: Medical Dispute Resolution
MDR #: M2-03-1301-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Pain Management.

Brief Clinical History:

This male claimant reported suffering pain down the left side of his back and front, extending from his left shoulder to his left foot, related to his work on ___. He reports having several diagnostic studies and a laminectomy in 1997. In 2002, the patient had a trial of a spinal cord stimulator implant. The medical records provided for review indicate that the patient has already received passive and active physical therapy, numerous injections, other conservative measures, as well as medication management.

The records indicate that the patient has had continued decrease of sensation in the L-5 nerve root distribution, with pain interfering with activity. He demonstrated full functional range of motion, normal muscle strength and function during a medical evaluation on 04/27/99. A psychological evaluation report dated 03/31/03, strongly suggests the patient has significant anxiety, as well as depression, with limited pharmacological intervention.

Disputed Services:

30-day chronic pain management program.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the pain management program in question is not medically necessary in this case.

Rationale:

The patient' primary problem appears to be behavioral/psychological. The other components of a chronic pain management program are not reasonably

applicable in this case, e.g., physical therapy, occupational therapy, vocational rehabilitation, etc. This is based on reports provided as to the patient's response to these interventions, as well as limited pharmacological management to date. The patient's prior failure to respond to extensive interactions with physical therapy and other rehabilitation modalities suggests that future intervention will not have a high yield.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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

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.

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 May 14, 2003.

Sincerely,