

NOTICE OF INDEPENDENT REVIEW DECISION

July 18, 2003

RE: MDR Tracking #: M2-03-1371-01
IRO Certificate #: IRO4326

___ 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. ___'s 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 an injury while retrieving records on ___. She was on a ladder and fell while descending, hurting her lower back and right buttocks. Conservative treatment modalities she has had include physical therapy, chiropractic treatment, analgesics, and two epidural steroid injections. An MRI in June of 2002 reveals disc bulges from L3-4 to L5-S1 with right posterior herniation at L3-4 and L5-S1.

Requested Service(s)

Thirty-day chronic pain management program

Decision

It is determined that the proposed 30-day chronic pain management program is not medically necessary to treat this patient.

Rationale/Basis for Decision

The medical records reviewed contained no evidence supportive of a chronic pain management program for the treatment of this patient. The patient underwent a designated doctor evaluation on 01/29/03 and the report indicated she would be at maximum medical improvement (MMI) by 04/01/03. The doctor performing the impairment rating evaluation indicated that the patient could possibly benefit from another epidural steroid injection and some active rehabilitation. The designated doctor's report contained no references to the presence of chronic pain that would necessitate the use of a 30-day chronic pain management program.

The patient underwent another impairment rating evaluation on 04/01/03 and the examination revealed normal motor, sensory, and reflexes and a negative straight leg raise bilaterally. No evidence of muscle spasms was noted in the lower back region.

The report also indicated that no further treatment was indicated and the patient could return to clerical work full-time. However, a subsequent evaluation indicated that the patient was not at MMI but was estimated to be in six months. This report also did not mention any chronic pain problems.

While chronic pain management programs have been demonstrated to be somewhat effective in the management of chronic lower back pain, there was no clinical information submitted to indicate that the patient was experiencing chronic lower back pain that was unresponsive to the clinical measures used in her care.

Karalainen et al conducted a systematic review of randomized controlled trials to evaluate the effectiveness of multidisciplinary biopsychosocial rehabilitation for subacute low back pain among working-age adults. The authors concluded that there is moderate evidence showing that multidisciplinary rehabilitation for subacute low back pain is effective, and that work site visit increases the effectiveness, but because the analyzed studies had some methodological shortcomings, an obvious need still exists for high quality trials in this field (*Karalsinen K. et al, "Multidisciplinary biopsychosocial rehabilitation for subacute low back pain in working-age adults: a systematic review within the framework of the Cochrane Collaboration Back Review Group", Spine 2001 Feb 1;26(3):262-9.*

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 18 th day of July 2003.
