

June 2, 2004

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RE: Medical Dispute Resolution
MDR#: M2-04-1119-01
TWCC#: _____
Injured Employee: _____
DOI: _____
IRO Certificate #: 5055

TRANSMITTED VIA FAX TO:

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: 512-804-4868

Advantage Healthcare Systems
Attention: Nick Kempisty
Fax: 214-943-9407

American Home Assurance Co. c/o Flahive, Ogden & Latson
Attention: Annette Moffett
Fax: 512-867-1733

Richard R. Keene, M.D.
Fax: 903-454-2052

Dear Ms. ____:

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

I am the Secretary and General Counsel of Independent Review, Inc., 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.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. 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 and is currently listed on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOBs

Correspondence, history & physical exam and office notes, physical therapy notes, functional capacity evaluation, electro diagnostic study and radiology report.

Clinical History:

The patient is a 22-year-old morbidly obese female who was injured on the job on _____. She started complaining of low back pain and reported to the emergency room where she was treated and released. She received chiropractic manipulation until approximately one year ago. She was given the determination of maximum medication improvement on July 30, 2002.

Disputed Services:

Chronic behavioral pain management program X 30 sessions.

Decision:

The reviewer agrees with the determination of the insurance carrier and is on the opinion that a pain management program as stated above is not medically necessary in this case.

Rationale:

This morbidly obese patient's injury is currently almost three (3) years old. Apparently, she stopped having chiropractic manipulations at least one (1) year ago. She also reached maximum medication improvement in 2002. The reviewer sees no need for an automatic 30-session chronic behavioral pain management program.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. 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 the right to request a hearing.

If disputing a prospective spinal surgery decision, a request for a hearing must be in writing and must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admn. Code 142.5c).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing and must be received by the TWCC Chief Clerk

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

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admn. Code 142.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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 US Postal Service from this IRO office on June 2, 2004.

Sincerely,

Gilbert Prud'homme
Secretary & General Counsel

GP/thh