

NOTICE OF INDEPENDENT REVIEW DECISION

Date: October 15, 2003

RE: MDR Tracking #: M2-04-0035-01
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 Psychology physician reviewer who is board certified in Psychology. The Psychology physician 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 was injured on ___ while working for the ___. She slipped and fell on a wet floor while cleaning a bathroom. She injured her ankle, wrist, knee and shoulder. She received conservative chiropractic treatment, injections and a work hardening program. She had three psychological evaluations. Two appeared to be for the purpose of evaluating her psychological suitability for work hardening, and one for suitability for a chronic pain management program. The documentation indicates that ___, on 04/29/03, wrote to the carrier stating...“her right knee has been approved for possible surgery.” The Designated Doctor Examination on 03/01/03 by ___, noted that she had been referred for an orthopedic evaluation for surgery and that his decision regarding further treatment is awaiting the results of that evaluation. There was no documentation addressing whether surgical intervention was being considered or ruled out. A chronic pain management program was requested and denied. The appeal for the program was also denied because all primary and secondary levels of evaluation and treatment had not been ruled out before initiating a chronic pain management program.

Requested Service(s)

A chronic behavioral pain management program; five (5) times per week for six (6) weeks.

Decision

I agree with the insurance carrier that at this time, the chronic pain management program is not medically reasonable and necessary.

Rationale/Basis for Decision

Until all primary and secondary levels of evaluation and treatment have been completed and failed, a tertiary level chronic pain management program is not reasonable or necessary. The denial of the appeal was based on the question of whether or not surgical intervention had been ruled out. There is no documentation provided or quoted in the appeal letter that addresses this central issue. Chronic pain management programs are ineffective if the patient believes that there is a medical intervention that can

alleviate their pain. The claimant's motivation is essential for a behavioral modification program to be effective. Until the surgical possibility has either been determined or ruled out, a chronic pain management program is not an appropriate treatment.

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) calendar days of your receipt of this decision (28 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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.