

## NOTICE OF INDEPENDENT REVIEW DECISION

November 7, 2003

RE: MDR Tracking #: M2-04-0051-01  
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 \_\_\_ physician reviewer who is board certified in pain management/anesthesiology which is the same specialty as the treating physician. The \_\_\_ 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

This patient sustained an injury to her lower back on \_\_\_ when she slipped and fell, landing on her buttocks, also hitting her head and losing consciousness. She underwent numerous treatments and diagnostic tests including a discogram, epidural steroid injections, surgery, active and passive rehabilitations, physical therapy, work hardening, chiropractic treatment, individual psychotherapy, biofeedback, and medication management to no avail. Her pain management physician requests she participate in a chronic pain program.

### Requested Service(s)

30-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's condition.

### Rationale/Basis for Decision

After the multidisciplinary program, the previous psychologist reported that they addressed the psychological correlates of pain and depression but the patient did not implement coping strategies "and resisted any changes in personal coping style...holding onto ineffective expectations of herself and significant others". Vocational issues, re-training

issues, and returning to work were discussed but the patient “continued to insist that her pain would not allow her to do any type of job. She indicated that she did not plan to return to work or school but would focus on the emotional issues impacting her mood and her pain”.

This patient has exhausted all endeavors to improve her pain. Old reasonable and even unreasonable treatments have failed thus far. Multiple studies indicate that the longer a patient stays out of work, the less likely they will return. It has been four years now and, according to the previous psychologist, she had no intent to return. Therefore, it is determined that the proposed 30-day chronic pain management program is not medically necessary.

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** (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 hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Workers’ Compensation Commission, 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 all other parties involved in this dispute.

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 7 <sup>th</sup> day of November 2003.
--