

## **NOTICE OF INDEPENDENT REVIEW DETERMINATION**

MDR Tracking Number: M2-04-0320-01  
IRO Certificate: 5259

November 19, 2003

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_.

Sincerely,

### CLINICAL HISTORY

\_\_\_, a 53-year-old male, sustained an on the job injury while working as a cargo service agent for \_\_\_\_\_. He sustained a crush injury to his right index finger as a result of his finger getting caught between two luggage carts as he was hooking them up. He was taken to the emergency room where he was diagnosed with contusion and complex laceration of the right index finger. X-rays were negative for fracture. He was stitched up and given a finger splint. He had continuing problems, including difficulty with suture removal upon follow-up. He then underwent a variety of different medical and physiotherapeutic procedures. He was placed at MMI with a 6% whole person impairment on 4/2/03, comprised of sensory deficit of the median nerve below the mid forearm. He has had a variety of prescriptions and injections since, eventually ending up in a chronic pain clinic. He has had a total of 30 multimodal treatments in this environment.

The therapy records from the pain clinic between 8/20/03 and 9/19/03 (the 22nd session) unfortunately all appear to be essentially the same, comprised of canned computerized notes. They are repetitious, contain minimally clinically useful information and do not show any significant progress / substantive change in treatment aside from visual analog scale reports. The notes subsequent to 9/19/03 are undated. Overall, the documentation provides precious little clinical insight as to the patient's status, his progression or improvement/response to care.

There has been a request for 10 visits of continued pain management, this preauthorization request has been denied and is therefore here for dispute resolution purposes through the IRO process.

REQUESTED SERVICE(S)

Medical necessity of Chronic Pain Management Program, 10 additional sessions.

DECISION

There is no evidence of medical necessity for continuation of the chronic pain management program.

RATIONALE/BASIS FOR DECISION

The patient has undergone a plethora of therapeutic interventions in an attempt to treat the laceration of his fingertip. This includes a total of 30 chronic pain management sessions, with a reduction of pain from 9/10 to 4/10, on the visual analog scale, by session No. 21 being reported. This pain level then remained unchanged for the remaining nine sessions. Unfortunately the supplied documentation and clinical record (from the chronic pain center) as a whole demonstrates a paucity of information in terms of reasonable outcome assessment measures, or of any level of descriptive, quantifiable objective data subsequently per date of encounter. Aside from the reported reduction on visual analog scale, the available records did not demonstrate any degree of objective improvement with care. The initial 9/10 visual analog scale description is also inconsistent the reports from previous providers.

Any continuing care beyond this date does not appear to be warranted. There is no evidence that clinical improvement can be reasonably gained by further 10 sessions of chronic pain management, over and above simply returning this gentleman back to his work environment. It appears that he has plateaued, certainly for the last eight or nine sessions.

The above analysis is based solely upon the medical records/tests submitted. It is assumed that the material provided is correct and complete in nature. If more information becomes available at a later date, an additional report may be requested. Such may or may not change the opinions rendered in this evaluation.

Opinions are based upon a reasonable degree of medical/chiropractic probability and are totally independent of the requesting client.

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 (20 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 **20** (twenty) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a 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

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

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

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 20th day of November, 2003.