

NOTICE OF INDEPENDENT REVIEW DECISION

Date: December 4, 2003

RE: MDR Tracking #: M2-04-0339-01
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 Psychiatric reviewer who is board certified in Psychiatry and has an ADL Level 2. The Psychiatric 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

On ___ the claimant experienced pain to her lower back when she attempted, unsuccessfully, to stop a box from falling on her while at work. Since that time, she has undergone extensive treatment for lower back pain, all with no long term benefit. These include: an MRI on 7/12/02 which revealed mild desiccation and arthritic changes to one area of her lumbar spine, but no evidence of compression nor of herniation; physical therapy from 4/17/02 through 6/12/02 with no apparent improvement; epidural injections on 11/15/02 with temporary relief for 5 days then the pain returned at the same intensity as before injection; medial nerve branch block on 2/13/03 which provided moderate temporary relief for 4 days; additional physical therapy occurring approximately every 1-3 days from 4/30/03 through 8/27/03 with no evidence of consistent benefit; NCV studies on 6/12/03 that demonstrated no abnormalities; facet denervation on 10/2/03 with little, if any, benefit; and chronic pain management therapy for 4 weeks, also with little evidence of improvement. Intake evaluation into the chronic pain management program indicates the claimant had several symptoms of a major depressive disorder including: depressed mood; increase in weight; poor sleep; low frustration tolerance; poor energy; anhedonia and social isolation. Although the need for an antidepressant was noted in May 2003, there is no evidence that one was started until September 2003. At that time, Lexapro 10mg was started.

Requested Service(s)

Additional 30 sessions of chronic pain management program.

Decision

I agree with the insurance carrier that requested intervention is not medically necessary.

Rationale/Basis for Decision

The records strongly imply a psychological component to the claimant's perception of pain and her disability. Despite extensive testing and medical intervention, objective signs indicating a source for the pain are not present (except for chronic muscle spasms). Yet the claimant continues to complain of debilitating pain. Physical pain can often be exacerbated by emotional states and emotion stress can induce muscle spasms. At the time this request was submitted for review, the claimant had only been taking antidepressant medication for 4 weeks. Although Lexapro has a slightly faster onset of action than other antidepressants, it is still recommended that one not anticipate results in alleviation of depressive symptoms for at least 4-6 weeks. In my experience, if a claimant is going to respond to an antidepressant, this will occur within the 6 week time frame, but continued improvement can occur over an 8-10 week period, at which time benefit often plateaus. The claimant could certainly benefit from treatment of her depressive symptoms and this might also help with the management of her pain, yet this does not necessarily need to be done in a chronic pain management program. She has already experienced extensive physical therapy and medical interventions without success, so it is doubtful that further exposure to these methods would be helpful. She should be able to attend monthly sessions with a psychiatrist to monitor her medications and outpatient counseling sessions. Therapy should consist of helping the claimant identify the psychological benefit she experiences from the pain and how to better manage her stress. Such counseling interventions often last approximately 4-6 months.

YOUR RIGHT TO REQUEST A HEARING

Either party to 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 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.