

January 7, 2004

Re: MDR #: M2-04-0410-01
IRO Certificate No.: 5055

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

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.

Brief Clinical History: This claimant was injured on ____. He had a prior history of cervical spinal stenosis at the C5-C6 level, which was diagnosed in November 2002. Following his work-related accident, the claimant was seen for chiropractic treatment, which did not provide significant relief. An MRI of the cervical spine on 4/17/02 demonstrated a 5 mm subluxation at C5-C6 producing severe spinal canal stenosis. Disc bulging and degenerative bone spurs were also present at the C5-C6 and C6-C7 levels, which the radiologist stated were indicative of a longstanding subluxation. A second MRI, however, on 2/13/03, demonstrated only "mild" C5-C6 spinal stenosis and multi-level degenerative changes at C5-C6 and C6-C7 with the same disc bulge at C5-C6. The claimant also underwent EMG and nerve conduction studies on 4/10/02, both of which were entirely normal with no evidence of radiculopathy or myelopathy.

The claimant had a neurologic evaluation on 4/10/02. His complaint of intermittent imbalance, blurring of vision, neck pain, and occipital pain was documented. He also complained of tingling in the upper extremities and numbness of both hands with neck movement. He documented the claimant's prior history of spinal stenosis diagnosed in November 2000 and the claimant's refusal to have surgical decompression. The claimant was evaluated on 4/24/02 at the request of the chiropractor. That evaluation included a psychological assessment, which indicated that the claimant's affect was flat with depressed mood. The claimant "denies any feelings of anhedonia, hopelessness, worthlessness, or guilt". His energy is good, however, his motivation has been decreased. He sleeps about 5-6 hours per night, waking 3-4 times a night. His appetite is good. His concentration has diminished, but his memory is good. There is no evidence of psychomotor agitation or retardation. He denies any "suicidal ideation".

The claimant was subsequently re-evaluated on 9/8/03 because of his continuing pain complaints. The psychological assessment that was performed on 9/8/03 is almost identical, word for word, compared to the psychological assessment prepared on 4/24/03. There is, in fact, no difference in the psychologic assessment other than a difference in a couple of words that were utilized. Based on this evaluation, it was recommended for the claimant to undergo a chronic pain management program. He did, in fact, undergo approximately 6 sessions of individual therapy and biofeedback with "minimal improvement" according to Anurag-Dass' letter of 10/23/03.

The claimant has also had followups for his complaints of dizziness. He has had an MRI of the brain, which was normal. There is no documentation of the claimant undergoing psychologic evaluation or psychologic testing in any of the records that I have reviewed.

Disputed Services: Thirty sessions of a chronic pain management program.

Decision: The reviewer agrees with the determination of the insurance carrier and is of the opinion that the chronic pain management program in dispute is not medically necessary in this case.

Rationale:

There is no documentation of any medical evidence of psychologic disturbances or manifestations of psychological illness in this claimant. The “psychologic assessment” performed in April 2003, and again in September, 2003, are virtually identical with no change whatsoever in the nonspecific evaluation. There has never been any psychologic or psychiatric evaluation or testing performed on this claimant to substantiate or justify any diagnosis of depression, anxiety, or any other psychologic abnormality.

Moreover, the alleged injury would have produced no more than a minor cervical strain, certainly not causing or significantly exacerbating the clearly documented preexisting C5/6 spinal stenosis. In fact, the degree of that spinal stenosis, according to the MRI done in February 2003 is “mild” with no evidence of mass, lesion, nerve-root compression, or focal disc protrusion at any level. A minor cervical strain injury such as occurred on 3/1/02 would be expected to fully resolve and heal within no more than 6-8 weeks.

Moreover, since there is no medical evidence of psychological or psychiatric disturbances or manifestations of psychologic or psychiatric illnesses, there is no medical necessity for chronic pain management program. Finally, the claimant has clearly not exhausted all appropriate medical treatment options available to him, having been treated primarily with chiropractic treatment. Since this has clearly not provided the claimant with any significant improvement, it would be far more appropriate for him to have medical treatment than a chronic pain management program. The significance of the lack of change in the claimant’s “psychologic assessment” between April 2002 and September 2003 cannot be overstated. There is clearly no medical necessity for a chronic pain management program in a claimant in whom there has been no change in psychologic status over a 17-month period when that psychologic status was documented as being present less than 7 weeks following an otherwise minor cervical strain injury.

I am the Secretary and General Counsel of ___ 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.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ 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 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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(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 U.S. Postal Service from the office of the IRO on January 7, 2004

Sincerely,