

December 24, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-04-0541-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in anesthesiology. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 42 year-old female who sustained a work-related injury on ___. The patient reported that while at work she was lifting a patient to place in a car when she injured her left shoulder and lower back. Diagnostic testing for this patient has included X-Rays, EMG/NCV testing and MRI of the lumbar spine. A MRI dated 5/15/03 indicated multi level disc pathology involving the L2-L3, L3-L4, L4-L5 and L5-S1. The diagnoses for this patient have included lumbar discogenic pain, bilateral lumbar facet joint dysfunction, and bilateral sacroilitis. Treatment for this patient has included medications, biofreeze, TENS unit and physical therapy. The patient also attempted participation in a work hardening program but could not complete it due to severe pain. The patient has also undergone several injection treatments. Currently the patient has been diagnosed with major depressive disorder, pain disorder, lumbar discogenic pain, and psychosocial stressors.

Requested Services

Behavioral Chronic Pain Management Program times 30 days.

Decision

The Carrier's denial of authorization for the requested services is overturned.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a 42 year-old female who sustained a work related injury to her left shoulder and lower back on ____. The ___ physician reviewer also noted that the diagnoses for this patient have included lumbar discogenic pain, bilateral lumbar facet joint dysfunction, bilateral sacroilitis and major depressive disorder.

The ___ physician reviewer further noted that treatment for this patient has included medication, physical therapy, biofreeze, epidural steroid injection therapy and TENS unit. The ___ physician reviewer indicated that the patient attempted participation in a work hardening program however could not complete this due to severe pain. The ___ physician reviewer noted the patient has been evaluated by a pain and stress management consultant who has recommended a behavioral chronic pain management program for a period of thirty days. The ___ physician reviewer explained that the patient's diagnoses of chronic pain and major depression are a direct result of the work related injury. The ___ physician reviewer indicated that the patient requires a multi disciplinary program with intensive behavioral coping skills to address her depression, anxiety, diminished coping skill and continued back pain. The ___ physician reviewer noted that the patient has undergone individual psychotherapy sessions, biofeedback training and medication monitoring sessions. The ___ physician reviewer explained that the goal of the requested comprehensive program would be to improve her physical status, decrease her need for narcotic medications, vocational training, and treatment of her injury related depression. The ___ physician reviewer further explained that this patient's condition warrants maximal treatment to attempt to attain long-term pain control. Therefore, the ___ physician consultant concluded that the requested Behavioral Chronic Pain Management Program times 30 days is medically necessary to treat this patient's condition at this time.

This decision 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)** days of your receipt of this decision. (20 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)** 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. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

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

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. (Commission Rule 133.308(t)(2)).

Sincerely,

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 24th day of December 2003.