

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO: 453-04-3068.M2**

January 20, 2004

**NOTICE OF INDEPENDENT REVIEW DECISION**

**MDR Tracking #: M2-04-0607-01**

\_\_\_ 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 44 year-old male who sustained a work-related injury on \_\_\_. The patient reported that while at work he fell about 10-12 feet from a ladder, landing on his back. The patient underwent lumbar discectomy, Laminectomy, interbody fusion and post lateral fusion on 10/16/00. On 12/12/01 the patient underwent a permanent implantation of intrathecal Medtronic synchroMed infusion pump. A lumbar instrumentation and fusion with BMP and local graft and Vitoss synthetic bone at the L5-S1 level was performed on 4/7/03. The patient has also been treated with spinal injections, oral pain medications and physical therapy. Diagnostic studies have included X-Rays and MRI. A progress note dated 11/26/03 indicated the present diagnoses for this patient included lumbar nerve root injury with right leg radicular symptoms. Other diagnoses for this patient have included low back pain with status post L5-S1 fusion surgery and left sacroiliac joint dysfunction.

Requested Services

Chronic Pain Management Program times 40 Sessions.

## Decision

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

## Rationale/Basis for Decision

The \_\_\_ physician reviewer noted that this case concerns a 44 year-old male who sustained a work related injury to his back on \_\_\_\_. The \_\_\_ physician reviewer indicated that the treatment for this patient's condition has included physical therapy, oral medications, spinal injection, and implantation of a permanent intrathecal Medtronic synchronmed infusion pump for continuous narcotic analgesia in 2001. The \_\_\_ physician reviewer noted that the patient has undergone numerous spinal surgeries up through April of 2003.

The \_\_\_ physician reviewer also noted that the patient continues to complain of low back pain with right leg radicular symptoms and that the treating pain management specialist has recommended that the enrollee complete a 40 session chronic pain management program. The \_\_\_ physician reviewer explained that the patient is 6 months out from his latest spinal surgical procedure and there has been a suggestion from his surgeon that his present pain complaints may be related to irritation from the implanted hardware. The \_\_\_ physician reviewer noted that another surgical procedure has been planned in 5-6 months for removal of this hardware. The \_\_\_ physician reviewer also noted that prior to the surgery, the patient was using only over the counter medication for pain control. The \_\_\_ physician reviewer further noted that since the last surgery, the patient has required the use of narcotic medication (Hydrocodone, Intrathecal Morphine and Dilaudid) and had a hospital admission for a narcotic overdose. The \_\_\_ physician reviewer explained that the patient has not been tried on a course of conservative treatment (alternative medical therapy, further physical therapy) since the latest surgery. The \_\_\_ physician reviewer also explained that the patient had been taken off narcotic medication in the past without the use of a pain management program. Therefore, the \_\_\_ physician consultant concluded that the requested chronic pain management program times 40 sessions is not 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 20<sup>th</sup> day of January 2004.