

NOTICE OF INDEPENDENT REVIEW DECISION

Date: February 4, 2004

RE: MDR Tracking #: M2-04-0673-01
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 psychologist physician. The psychologist physician 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

The records provided indicate that the claimant was injured on ___ when she tripped over a metal cart and two other metal carts fell on top of her. She reportedly struck her head, right hip, left upper and lower extremities. She was immediately taken to the ___ for evaluation and was engaged in physical therapy for a couple of weeks. She reportedly had two prior work-related injuries in ___ and ___. On 09/19/01, she began treating with ___. She continues in treatment with him presently. She has received all forms of conservative treatment, cervical surgery, and a number of functional capacity evaluations. It was believed that her pain behavior had a significant psychological overlay. She has had psychiatric evaluations, psychological evaluations, neuropsychological evaluations, individual psychotherapy, biofeedback and a comprehensive chronic pain management program. Reportedly, none of these interventions have resulted in successful treatment.

Requested Service(s)

Chronic pain management program for 30 sessions.

Decision

I agree with the insurance carrier that a second chronic pain management program is not medically necessary.

Rationale/Basis for Decision

The claimant has received all the psychological and behavioral interventions that are currently available for the treatment of chronic pain.

This has included a chronic pain management program previously, and therefore, repetition of a chronic pain management program is not medically necessary. There is no justification to repeat a tertiary level chronic pain management when one has been tried and failed. These programs are designed to teach individuals the skills that are required to manage their chronic pain as well as modify their pain behavior so that they can be more functional. There is no evidence that the repetition of these programs would result in any improvement. Guidelines published on the National Guideline Clearinghouse website document that there is no increased benefit from chronic pain management sessions over 20, “regardless of the number of hours per day or days per week the patient is seen.” One-third of the claimants fail to be helped by chronic pain management programs. She, unfortunately, is one of those claimants.

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 hearing should be sent to: Chief Clerk of Proceedings, Texas Workers’ Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **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)).

This decision by the IRO is deemed to be a TWCC decision and order.