

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

SOAH DOCKET NO: 453-04-3505.M2

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0674-01
IRO Certificate Number: 5259

January 27, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

____ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ____.

CLINICAL HISTORY

____, a 28-year-old female, injured her lower back, right hip, right knee and right ankle while working as a commercial dishwasher. She was carrying six hot plates from the dishwasher when she slipped on the floor, twisting her right ankle and right knee and landing on the right side of her buttock. She apparently sustained bruising to the right knee, right ankle and right thigh. She was seen initially by the ____ where she was x-rayed and prescribed medication. She then followed-up with ____, a chiropractor on 6/16/03. His impression was of lumbar and sacroiliac joint sprain/strain, internal derangement of the right knee and ankle injury. She was taken off work and has remained off work since. Multiple imaging studies were acquired on 6/21/03, including MRI of the right knee which showed small to moderate amounts of joint effusion with prepatellar soft tissue lymphedema, mild hypertrophic changes of the knee joint compartments with mild degenerative/myxoid changes in both the lateral and medial menisci including three millimeter oblique partial tears. MRI of the sacroiliac joints and pelvis showed mild degenerative hypertrophic changes suggesting a combination of DJD, mild sacroiliitis and/or stress effects associated with nonspecific osteitis condensans ilii, with no fracture separation or deformity. MRI of the right ankle showed a residual grade one lateral ankle sprain with effusion. MRI of the lumbar spine showed shallow posteriorly bulged discs at L4/L5 and L5/S1, with right paracentral posterior

protruding disc at L5/S1 and a slight 20%-30% reduction of the right-sided lateral recess and foramen at L5/S1. Electrodiagnostic studies and showed evidence of the bilateral S1 radiculopathy. She was placed on a comprehensive conservative treatment régime, which then progressed to include Medrol dose packs and epidural steroid injections. Medications included Vicodin and Flexeril.

She failed to respond and so following a series of functional capacity evaluations and psychological assessments (which identified reactive depression), she was recommended for a work hardening program on 10/9/03. Unfortunately, it is unclear from the supplied records whether or not she went into a work hardening program as it appears concurrently a chronic pain management program was also recommended following approximately six psychotherapy sessions (09/12/03). She certainly had an abundance of physical therapy, including active exercises.

A psychological evaluation on 10/20/03 revealed an axis 1 impression of reactive depression, Axis III of chronic low back, right knee and right ankle pain and Axis V of moderate symptoms disrupting social function.

REQUESTED SERVICE (S)

Proposed 30 sessions of Chronic Pain Management Program.

DECISION

Approve. There is establishment of medical necessity for progression of this patient into a chronic pain management program.

RATIONALE/BASIS FOR DECISION

Although this patient does not appear to have been through a work hardening program, the results of the psychological assessments and trial of individual psychotherapy tend to indicate that she would not perform well, even in a work hardening environment. The psychological assessments identified maladaptive coping styles that would be best addressed in a behavioral chronic pain program.

Chronic pain or chronic pain behavior is defined as devastating and recalcitrant pain with major psychosocial consequences. It is self sustaining, self regenerating and self-reinforcing and is destructive in its own right as opposed to simply being a symptom of an underlying somatic injury. Chronic pain patients display marked pain perception and maladaptive pain behavior with deterioration of coping mechanisms and resultant functional capacity limitations. The patients frequently demonstrate medical, social and economic consequences such as despair, social alienation, job loss, isolation and suicidal thoughts. Treatment history is generally characterized by excessive use of medications, prolonged use of passive therapy modalities and unwise surgical interventions.

There is usually inappropriate rationalization, attention seeking and financial gain appreciation.

A chronic pain program involves a multidisciplinary approach and is reserved typically for outliers of the normal patient population, i.e. poor responders to conventional treatment intervention, with significant psychosocial issues and extensive absence from work. This patient appears to fulfill these requirements.

The above analysis is based solely upon the medical records/tests submitted. It is assumed that the material provided is correct and complete in nature. If more information becomes available at a later date, an additional report may be requested. Such and may or may not change the opinions rendered in this evaluation.

Opinions are based upon a reasonable degree of medical/chiropractic probability and are totally independent of the requesting client.

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) calendar days of your receipt of this decision (20 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 **20** (twenty) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), 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 28th day of January 2004.