

February 9, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-04-0690-01

___ 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 25 year-old female who sustained a work related injury on ___. The patient reported that while at work she slipped and fell injuring her head, back and left elbow. On 1/30/03 the patient began chiropractic treatment. A MRI of the cervical spine dated 2/11/03 showed bulging disc at C4-C5 and C5-C6. On 2/21/03 the patient was evaluated and diagnosed with cervical discopathy with internal disc derangement and axial as well as radicular pain. The patient was prescribed oral pain medications and underwent a series of three epidural steroid injections. On 5/12/03 the patient was referred to a Pain and Rehabilitation center where she was prescribed Amitriptyline and Naprosin. On 6/30/03 the patient was seen in follow up at the Pain and Rehabilitation Center and was recommended for a chronic pain program. A behavioral assessment report dated 7/21/03 indicated that the patient reported experiencing numerous symptoms of pain since her injury. It also indicated that the patient's diagnoses included pain disorder associated with both psychological factors and general medical condition, undifferentiated somatoform disorder, mood disorder due to a general medical condition, with major depressive like episode, and injury right shoulder and neck.

From 8/11/03 through 12/5/03 the patient was seen in individual counseling sessions. A progress report dated 12/8/03 indicated that the patient would benefit from further treatment in a chronic pain management program.

Requested Services

Pain Management Program times 30 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 25 year-old female who sustained a work related injury to her head, back and left elbow on ____. The ___ physician reviewer indicated that the diagnoses for this patient have included cervical discopathy with internal disc derangement and radicular pain. The ___ physician reviewer noted that initial treatment included chiropractic treatments, oral pain medications, and a series of three epidural steroid injections. The ___ physician reviewer also noted that the patient was evaluated by a pain management specialist and was prescribed medications including Naprosyn and Amitriptyline. The ___ physician reviewer further noted that the patient was recommended for behavioral therapy and underwent individual counseling sessions from 8/11/03 through 12/5/03. The ___ physician reviewer explained that the patient has been given a diagnoses of a pain disorder associated with psychological factors and general medical condition, undifferentiated somatoform disorder, mood disorder and major depression. The ___ physician reviewer indicated that the patient has not responded to individual counseling and has not undergone any therapeutic trials of antidepressant therapy. The ___ physician reviewer explained that the documentation provided does not demonstrated that a course of psychotherapy and/or medication has been tried and failed. Therefore, the ___ physician consultant concluded that the requested Pain Management Program times 30 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 9th day of February 2004.