

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

SOAH DOCKET NO. 453-04-4333.M2

February 9, 2004

Re: MDR #: M2-04-0716-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Pain Management.

Clinical History:

Patient was injured on ___ while working. Subsequently, she received treatment for her injuries, including a work hardening program.

Disputed Services:

PRIDE Program X 27 to 29 sessions.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the PRIDE Program is not medically necessary in this case.

Rationale:

The previously attempted work hardening and psychological/counseling treatments had within them the self-help strategies, coping mechanisms, exercises and modalities that are inherent in and central to the proposed chronic pain management program. In other words and for all practical purposes, much of the proposed program has already been attempted and failed.

Therefore, since the patient is not likely to benefit in any meaningful way from repeating treatments already rendered, the chronic pain management program is medically unnecessary.

Furthermore, a chronic pain management program is not medically indicated until such time as all other indicated therapies have been attempted and failed. In this case, the supplied medical records indicate that the patient was treated approximately 42 times from 5/6/03 to 1/16/04. However, spinal manipulation was only performed sporadically (11 times to the thoracic and lumbar spine and only once to the cervical spine). According to the AHCPR¹ guidelines, spinal manipulation is the only treatment that can relieve symptoms, increase function and hasten recovery for adults with acute low back pain. Other studies have shown the similar benefits of spinal manipulation for cervical spine conditions. Therefore, a chronic pain management program is neither indicated nor medically necessary since it cannot be documented that the patient has a chronic pain condition.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

¹ Bigos S., Bowyer O., Braen G., et al. Acute Low Back Problems in Adults. Clinical Practice Guideline No. 14. AHCPR Publication No. 95-0642. Rockville, MD: Agency for Health Care Policy and Research, Public Health Service, U.S. Department of Health and Human Services. December, 1994.

This Decision is deemed received by you **five (5) 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
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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.

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 February 9, 2004.

Sincerely,