

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

SOAH DOCKET NO. 453-04-4476.M2

February 13, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-04-0733-01

___ 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 24 year-old male who sustained a work related injury on ___. The patient underwent a MRI of the lumbar spine on 4/17/03 that indicated borderline retrolisthesis at L5-S1, and disc herniation at L5-S1. The diagnoses for this patient have included neck injury, low back injury, cervical radiculitis, dental injury and lumbar radiculopathy. Initial treatment for this patient's condition included physical therapy and oral medications. On 9/29/03, the patient underwent an evaluation by an orthopedic surgeon who recommended continued physical therapy, an EMG, and epidural steroid injections. On 11/20/03 the patient underwent radiological examination of the lumbar spine with x-ray, radiofrequency facet neurectomy with destruction of nerves, neuromuscular junction testing with electrical stimulation and fluoroscopic guidance. The patient has also been treated with a series of epidural steroid injections followed by

therapy and has participated in individual psychotherapy sessions. The patient is now being referred to a chronic pain management program.

Requested Services

Chronic Pain Management Program times 30 sessions.

Decision

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

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a 24 year-old male who sustained a work related injury to his neck and low back on ____. The ___ physician reviewer indicated that the diagnoses for this patient have included lumbar disc disease with radiculopathy, cervical radiculitis, and dental injury. The ___ physician reviewer noted that the patient had been treated with physical therapy, oral medications, epidural steroid injections, radiofrequency facet neurectomy, and neuromuscular junction testing with electrical stimulation under fluoroscopic guidance. The ___ physician reviewer also noted that the patient has been under the care of a pain management specialist and has attended individual psychotherapy sessions. The ___ physician reviewer further noted that the patient continued to complain of pain and that a chronic pain management program (30 sessions) was recommended. The ___ physician reviewer indicated that the patient has tried and failed conservative and interventional therapies. The ___ physician reviewer noted that the patient has been evaluated by an orthopedic surgeon and is not considered a surgical candidate. The ___ physician reviewer explained that the patient has been diagnosed with reactive depression as a direct result of his work related injury. The ___ physician reviewer indicated that a chronic pain management program would provide a multidisciplinary pain program that would address the patient's pain perceptions, educate for realistic expectations and restore physical conditioning. The ___ physician reviewer explained that the patient continues to require medical therapy including opioids and a formal pain management program would allow weaning and detoxification to address issues of opioids tolerance and dependence. Therefore, the ___ physician consultant concluded that the requested chronic pain management program times 30 sessions is 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 13th day of February 2004.