

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

SOAH DOCKET NO. 453-04-4637.M2

March 15, 2004

Re: MDR #: M2-04-0749-01
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 certified in Chiropractic Medicine.

REVIEWER'S REPORT

Information Provided for Review:

Correspondence and Plan documentation
History & Physical Exam and office notes – 2000-2003
Operative report
Radiology report

Clinical History:

This claimant sustained an injury to her low back on ____. She also sustained some injury to her upper back and shoulder. She has undergone 4 years of conservative care, including physical rehabilitation, chiropractic care, medication, and injections. She has also undergone 2 spinal surgeries; the first in October 2001, and the second some time in the first part of 2003, which was a complete fusion of her L5/S1. She has also received several MRIs, CTs, and a spinal cord stimulator. In addition to rehab, she has undergone a work hardening program and counseling.

Disputed Services:

Chronic pain management program X 30 sessions.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that a chronic pain management program is not medically necessary in this case.

Rationale:

A chronic pain management program not only includes counseling, but includes physical rehabilitation and strengthening, which overlaps with the work-hardening program that has already been performed, which aggravated her condition, and it was unclear whether or not she was able to finish it. Even though the records do document that counseling has helped, and that the patient seems to be addicted to pain medication, it is not, in my opinion, necessary for her to undergo a complete chronic pain management program to address the situations. Separate counseling for the pain and for lack of dependence on the medication could be done apart from a chronic pain management program. I think this is excessive, especially seeing the amount of care she has already received up until this point and the lack of positive response she has had.

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).

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 March 15, 2004

Sincerely,