

NOTICE OF INDEPENDENT REVIEW DECISION

March 3, 2004

MDR Tracking #: M2-04-0752-01

IRO Certificate #: IRO4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308, which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___'s health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained an injury on ___ when an overhead door hit her head and caused a pop in her neck. She had been seeing her family physician and later transferred to a chiropractor. She began a chronic pain management program for her cervical radiculopathy and right shoulder pain.

Requested Service(s)

Chronic pain management program for 20 sessions

Decision

It is determined that the chronic pain management program for 10 sessions is medically necessary to treat this patient's condition. However, the additional 10 sessions are not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

National chiropractic treatment guidelines allow for a chronic pain management program when indicated. Based upon this patient's injuries, limited response to previous care, continued objective and subjective findings, continued medication as well as the behavioral/psychosocial issues present, an initial 10 sessions of the chronic pain program is warranted.

The records indicate there was sufficient progress with regard to a decrease of her subjective symptoms from an eight to a four out of ten. There was an increase in her functional abilities and stamina evidenced by an increase in weight and repetitions. Lastly, there was significant improvement regarding psychological intervention. This is a vital part of any multidiscipline chronic pain management program. Therefore, it is determined that the chronic pain management program for 10 sessions is medically necessary. However, the additional 10 sessions are not medically necessary.

This decision by the IRO 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) calendar days of your receipt of this decision (28 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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for 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, Fax: 512-804-4011.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,

<p>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 3rd day of March 2004.</p>
