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

SOAH DOCKET NO. 453-04-3773.M2

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

February 17, 2004

Re: IRO Case # M2-04-0806

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

> History
> The patient is a 54-year-old male who in ___ was lifting barrels and developed back pain. He recovered to the point of having no recorded back pain until ___ when he was in a motor vehicle accident. This led to back pain once more, which continued

despite epidural steroid injections, physical therapy, chiropractic treatment and various medications. A 10/17/01 MRI of the lumbar spine showed multiple levels of potential difficulties, with the primary levels being at L4-5 and L5-S1.

There was no mention of flexion and extension views or CT myelographic evaluation in the records provided for this review. There also was no indication that a complete and thorough work up was performed to determine the potential of a surgical procedure in dealing with the patient's trouble.

Requested Service(s)
Chronic pain management program X 40 sessions

Decision
I agree with the carrier's decision to deny the requested pain management program.

Rationale
The patient's treating D.C. stated in a letter dated January 14, 2004: "Once all appropriate, traditional medical interventions have been exhausted, the most effective treatment for chronic pain consists of a rehabilitation approach designed to help the patient reclaim his or her life…" All traditional medical interventions, however, have not been pursued in this case, according to the records provided for review. Therefore, I agree with the denial of the proposed pain management program. Spinal surgery might be a more definitive way of dealing with the patient's problem. Additional consultation might lead to additional studies such as CT myelography and flexion and extension views that would be beneficial in coming to conclusions as to how effective an operative procedure might be. While there is no guarantee with an operative procedure, its potential as a method of definitive care is far greater than the proposed multiple sessions of a pain management program.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to 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 a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
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 other party involved in this dispute.

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 18th day of October 2003.