

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 13, 2004

Re: IRO Case # M2-04-0974

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 Anesthesiology and Pain Management, 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:

Medical Information Reviewed

1. Table of disputed services
2. Denial letters 12/2/03, 1/27/04
3. Preauthorization request 11/11/03
4. Designated Doctor evaluation 5/27/03
5. Medical evaluation 12/10/03
6. LMSW, M.A. psychological medical records
7. D.C. records 8/21/03 – 2/13/04
8. Letter from D.C. to IRO 5/18/04 (*sic*)
9. Electrodiagnostic study report 10/1/02
10. Report of cervical, thoracic and lumbar spine studies 9/13/02
11. Report of left wrist study 9/17/02

12. Report of CT scan cervical spine 9/13/02
13. Report of MRI cervical spine 9/11/02
14. Initial report of D.C. 9/11/02
15. Hospital records 8/30/02 –9/4/02
16. Neurosurgical reports 3/19/03, 12/4/02
17. Report of consultation 6/27/03
18. Injection reports 2002, 2003

History

The patient is a 57-year-old male who was injured in a motor vehicle accident on _____. A C1 fracture was found and was treated conservatively. Cervical and low back pain have persisted. The patient has experienced significant depression. He has had invasive treatment, as well as a short course of behavioral therapy and biofeedback.

Requested Service(s)

Chronic pain management program x 20 sessions

Decision

I disagree with the carrier's decision to deny the proposed pain management program.

Rationale

The accident and injury resulted in a major physical, social and economic change in the patient's life. He is in chronic pain, and he is amenable to behavioral therapy. Antidepressants have been utilized in an effort to treat the patient. Therefore, it is reasonable and necessary for the patient to participate in a 20-day 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 14th day of May 2004.