

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

SOAH DOCKET NO. 453-04-5335.M2

NOTICE OF INDEPENDENT REVIEW DECISION

April 8, 2004

MDR Tracking #: M2-04-0982-01
IRO Certificate #: IRO 4326

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 to her back ___ after she fell back and hit against a piece of machinery. Her initial diagnosis was back/buttocks contusion and lumbar strain. Currently she has been diagnosed with a lumbar herniated nucleus pulposus, lumbar radiculopathy, hyperesthesia, myositis, and fibromyositis. She has been treated with oral anti-inflammatories, home exercises, physical therapy, Tens unit, cold pack, back brace, and light duty. A MRI done 03/15/01 of the entire spine does not show any acute changes, but does reveal some degenerative changes. Another MRI done 7-days later on 03/22/01 showed a mild posterior central disc protrusion at L5-S1 that minimally comes in contact with the thecal sac without effacing it or either of the neural elements. The physician wants to send this patient to a chronic pain management program for 30 sessions.

Requested Service(s)

Chronic pain management program x 30 sessions

Decision

It is determined that the chronic pain management program x 30 sessions is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient's current functioning level interferes with her ability to carry out specific tasks required in the workplace. The patient has not responded well to her current treatment plan and she still complains of pain, this may put the patient at risk for depression and a disabled life. The medical record documentation received reveals the patient's need for a chronic pain management program. Therefore, the chronic pain management program X 30 session is medically necessary.

Decisions of this case are based on current guidelines in Clinical Practice Guidelines for Chronic Nonmalignant Pain Syndrome Patients II, Journal of Back Musculoskeletal Rehabilitation, 1999 January.

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,

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 8th day of April 2004.