

MDR Tracking Number: M2-04-1020-01
IRO Certificate # 5259

April 13, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ___ or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

This is a gentleman who sustained a lumbar injury. This was treated with chiropractic care. A physician assessment then was completed and an EMG was obtained. This study noted an S1 verifiable radiculopathy. The fusion surgery was completed in October 2002. Post-operatively there was a great deal of physical therapy. A second surgery was completed in May 2003. More physical therapy was completed. A Designated Doctor evaluation noted maximum medical improvement and assigned an impairment rating on September 25, 2003. The chronic pain program was started in December 2003. A two week gap (12/22 through 1/7/04) was noted.

REQUESTED SERVICE (S)

Chronic Pain Management Program x 10 Additional Sessions

DECISION

Deny.

RATIONALE/BASIS FOR DECISION

The issue is, is this reasonable and necessary care for the injury? The chronic pain program was attempted.

There was little in the way of any significant progress. There was a built in two week halting of the program (assuming a holiday break) indicating that there was no urgent need for the continuation of the program. The January 9, 2004 physical therapy note reflects that sleeping was part of the therapeutic measures and that simple walking was the afternoon protocol. Each of these activities could easily be handled in a home based setting. By January 13, 2004 the pain level remained at a 10 on a scale of 10. Thus, the efficacy of the program, measured by any standard has not been met. As reported by Karjalainen et al in Spine (2001 Jan 15) the absence of clearly defined value obtained would warrant discontinuance. Moreover, as reported by Skouen in Spine May 2002 there is often no difference between extensive multidisciplinary programs and treatment as usual for long term patients. Given the response to the treatments; there is no value in continuing the CPMP after the response from the claimant is noted.

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 (20 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 **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a 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

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

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 14th day of April 2004.