

MDR Tracking Number: M2-04-1037-01
IRO Certificate # 5259

April 15, 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 gentleman sustained a blunt trauma to the head causing dental and reportedly cervical spine injuries. The dental problems were addressed as an outpatient. The cervical spine injury does not appear to require surgical intervention. Massive amounts of therapy modalities, injections, IDET and the like failed to ameliorate the symptomology. As per one note the pain was 70% gone by September 2003 prior to any CPMP program. Several years after the date of injury, there is notation of a MVA and it is not clear how that event impacted on the complaints of pain. There have been multiple physical therapy visits, and the complaint level has not altered very much.

REQUESTED SERVICE (S)

Chronic Pain Management Program x 128 Hours

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

It would appear that the requestor is basing this request on the need for an additional 16 sessions (128 hours) to develop coping strategies for returning to

the work force. This is not reasonable and necessary care for the injury. Also, there is no objectification that there is a job to return to. Moreover, the first 14 sessions did not demonstrate any change in condition as objectified with BDI and BAI. If anything all that has been achieved is a return to pre-program baseline. Clearly this treatment protocol has not objectified any efficacy. This would be another reason not to endorse this request.

As noted by Sanders (J Back Musculoskeletal Rehab Jan 1999) the older protocols (i.e. 1995) are not as applicable as once thought. There are a newer set of criteria (1999) and in this instance, they are not met. Moreover, as reported by Burchiel (Spine 1996) pain is better addressed with more straight forward approaches (SCS) as opposed to the CPMP. Lastly, Gallagher writing in Med Clinical of North America and Brady in Med Interface all express that there has to be clearly defined entry protocols, clearly defined end measures and documentable improvement even in the earlier stages. None of these parameters appears to have been met.

The literature supporting CPMP is minimal and with that there are particularly strident entry parameters and more notable exit parameters. This is a difficult problem with a high rate of failure. In that in this specific case there is not clear objectifiable evidence of any improvement, that alone would be the basis for deny continuation of this program. However, some of the newer studies indicate that if there is no improvement in the first 10 sessions that is an excellent predictor of a negative result. Therefore, there is no basis for continuing this apparently inefficacious program.

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 16th day of April 2004.