NOTICE OF INDEPENDENT REVIEW DECISION

Date: April 29, 2004

RE: MDR Tracking #: M2-04-1079-01
IRO Certificate #: 5242

___ 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 Psychiatric reviewer (who is board certified in Psychiatry) who has an ADL certification. The physician reviewer 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

The claimant injured her right arm, shoulder, and her neck while at work when an individual had a myocardial infarction in front of her and she attempted to prevent him from collapsing to the ground. She subsequently underwent both conservative and surgical treatment for her shoulder; however, she has not experienced significant relief from these interventions, although there is notation of a shoulder injection that was helpful in April of 2003. She reportedly has developed symptoms of depression and anxiety. In 2003 the request was made for a chronic pain management program. This request was denied and was subsequently raised to the level of an IRO. The result of the IRO was in support of the denial based on the rationale that all lower level interventions of care have not been exhausted. Since that time there was a request for biofeedback and individual psychotherapy sessions of which apparently 8 of each were approved. According to the notes that I have for review, the claimant appeared to be responding to the biofeedback interventions and was participating in the individual therapy sessions as well. She apparently has completed 4 of each of these. She has been on 50 milligrams of Zoloft for some time.

Requested Service(s)

Medical necessity of a chronic pain management program for thirty (30) sessions.

Decision

I agree with the insurance carrier that pursuit of the chronic pain management program at this juncture in the patient's treatment is not medically necessary.

Rationale/Basis for Decision

According to my review of the provided records, the claimant appears to be having some initial response to the biofeedback treatment and is engaged in the individual therapy though she is continuing to have depression and anxiety complaints. Eight sessions of each of these have been approved yet only four of each had been completed at the time of the request for the chronic pain management program. Four sessions is not an adequate trial of these treatment modalities to conclude that they are ineffective and that the claimant needs to be moved into a tertiary level of care particularly since according to the clinical notes she appears to be starting to benefit from the biofeedback. Further, her psychotropic medications could be more aggressively managed to help her pain, mood, and anxiety complaints. She has only been on 50 milligrams of Zoloft which is a minimal dosage. Thus, further pursuit of these less intensive therapies seems appropriate prior to entering into the tertiary level of care.

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 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.