

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

SOAH DOCKET NO. 453-04-6351.M2

April 22, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

MDR Tracking #: M2-04-1094-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in anesthesiology. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 49 year-old male who sustained a work related injury on ___. The patient reported that while at work he injured his back when he attempted to lift 400-pound metal pallets. The patient sought treatment with his current chiropractor on 8/21/01. The patient began a course of treatment that included passive chiropractic modalities, active rehabilitation, and lumbar facet and trigger point injections. In 6/03 the patient underwent an IDET procedure. The patient has also been further treated with a TENS unit, psychological counseling, and oral medications. The diagnoses for this patient include lumbar sprain/strain and lumbosacral root lesions. A psychological evaluation dated 8/21/03 and 9/26/03 indicated that the patient has injury related depression, injury related anxiety, and chronic pain and physiological stress symptoms. It noted that the recommendation for this patient was participation in a chronic pain management program times 30 sessions.

Requested Services

Chronic Pain Management times 10 sessions.

Decision

The Carrier's denial of authorization for the requested services is overturned.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a 49 year-old male who sustained a work related injury to his back on ____. The ___ physician reviewer indicated that the patient had been treated with chiropractic treatments that included passive chiropractic modalities and active rehabilitation, lumbar facet and trigger point injections, and medical therapy. The ___ physician reviewer noted that the patient had also undergone an IDET procedure followed by treatment with a TENS unit, psychological counseling, and medical therapy. The ___ physician reviewer also noted that the patient underwent a psychological evaluation that indicated the patient had an injury related to depression with associated anxiety and recommended a pain management program times 30 sessions. The ___ physician reviewer explained that this patient requires the additional therapy for treatment of his work related chronic pain condition. The ___ physician reviewer indicated that the patient has been treated with a chronic pain management program and has shown improvement in areas of physical, medical, psychological, and social needs. The ___ physician reviewer noted that the patient continues to complain of low back pain, however his pain level has decrease from a 7/10 to a 5/10. The ___ physician reviewer explained that the patient has received maximal therapy in terms of conservative and interventional modalities. The ___ physician reviewer also explained that the patient would benefit and achieve maximal medical improvement to attain the ability to return to the work force with the present treatment he is receiving. The ___ physician reviewer further explained that the patient's chronic pain condition in conjunction with his depression and anxiety requires continued treatment in a chronic pain management program. Therefore, the ___ physician consultant concluded that the requested chronic pain management program times 10 sessions is medically necessary to treat this patient's condition at this time.

This decision 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)** days of your receipt of this decision. (20 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)** 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. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings/Appeals Clerk
P.O. Box 17787
Austin, TX 78744
Fax: 512-804-4011

A copy of this decision should be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. (Commission Rule 133.308(t)(2))

Sincerely,

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 22nd day of April 2004.