

May 17, 2004

Re: MDR #: M2-04-1097-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in the area of Pain Management and is currently listed on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's
Carrier correspondence, utilization review and designated doctor exam
Chiropractic initial medical report 01/20/04
Clinical reports from D.O. 02/22/02, 05/08, 05/31, 06/20, 08/09/2002, 05/30, 09/22/2003
Clinical information PhyMed/Rehab 05/21/01 - 07/20/01
Pain management clinical information

Clinical History:

This female claimant suffered a work-related injury on ____. A chronic upper extremity pain issue is the subject of this discussion. Chronic pain syndrome is suggested with participation in a chronic pain program being recommended. Reviewed information suggests cervical radiculopathy and discounts the presence of peripheral neuropathy. It would appear that the peripheral neuropathy has been the focus of evaluation and treatment in this case.

Disputed Services:

Chronic pain management program X 30 session

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that a pain management program X 30 sessions is not medically necessary in this case.

Rationale:

Cervical radiculopathy without clear-cut findings of specific peripheral neuropathy would seem to suggest that appropriate treatment be directed at cervical spine issues before suggesting participation in a chronic pain program. There is no indication in the materials reviewed that suggests adequate evaluation and treatment of cervical and radicular problems having been applied. Standard of practice and treatment of chronic pain problems involves appropriate and adequate treatment of proposed modalities. Such treatment regimens should be repeated (perhaps several times) before abandoning that strategy and considering a chronic pain program. In addition to being extensive, such program will be exceptionally prone to failure if actual pain generators have not been properly addressed.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3)

This Decision is deemed received by you **five (5) 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
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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.

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 May 17, 2004.

Sincerely,