

NOTICE OF INDEPENDENT REVIEW DECISION

Date: April 21, 2004

RE: MDR Tracking #: M2-04-1117-01

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 Psychologist reviewer (who is board certified in ___ Clinical Psychology/Neuropsychology). 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 was working as an LVN on ___ when, as a result of pulling a patient up in bed, she developed right arm pain. The patient completed a medical work-up of her condition including various EMG's, x-rays, and MRI's of the neck and back. The pain continued regardless of the treatment and reportedly developed into the diagnosis of fibromyalgia. After her injury in ___, she moved to ___. She was treated for her musculoskeletal condition and for anxiety and depression. Her medications include Parafon Forte, Celebrex and Xanax. Her pain continues in her neck, shoulders, right arm, back and into the right leg. She was seen for an RME by ___ who diagnosed myofascial pain, chronic muscle spasms, history of anxious and depressed mood and long term disability. She felt that no further invasive treatment would be medically reasonable and necessary. She did believe that medication management and occasional myofascial therapy would be needed to treat her flare-ups.

The claimant underwent a psychological evaluation on 2/3/04 and was diagnosed with an adjustment disorder with anxious mood and referred for a 6 to 8 week multidisciplinary outpatient chronic pain program by ___. It is the 30 session chronic pain management program that was denied and then denied on appeal. That is the subject of the current IRO.

Requested Service(s)

Chronic behavioral pain management program for 30 sessions

Decision

I disagree with the insurance carrier and find that the chronic pain management program is medically necessary.

Rationale/Basis for Decision

The claimant has a long history of primary and secondary evaluation and treatment which has failed. There is no indication that any additional primary or secondary treatments are medically reasonable or necessary. Therefore, a tertiary level program is appropriate. The claimant meets the criteria for admission to such a program.

The claimant is a high risk patient for a chronic pain management program and should attempt 10 sessions of such a program to determine if she could profit from this treatment. However, the provision of these services would fall within reasonable and necessary medical treatment for her condition. It should also be noted that, per guidelines for the multidisciplinary treatment of chronic non-malignant pain on the National Guidelines Clearinghouse, the following is noted:

“In reviewing the outcome studies for interdisciplinary pain programs using the best treatment modalities recommended in the current guidelines, there is no evidence to support any changes in the 1995 guidelines for treatment intensity.... There should be a continuum of treatment intensity based upon the patient’s needs, which could range from contact once a week to daily, from one to eight hours per day, depending upon the clinical needs of the patient. Treatment intensity should be matched to clinical need to achieve as many treatment goals as possible. Regardless of the number of hours per day or days per week the patient is seen, research studies continue to show that effective outcome from such interdisciplinary treatment is accomplishable within a maximum of 20 treatment days. Thus this 20-treatment-day upper limit for definitive intervention with chronic non-malignant pain syndrome patients is recommended. ”

Bibliographic Source: Clinical practice guidelines for chronic non-malignant pain syndrome patients II: an evidence-based approach. J Back Musculoskeletal Rehabil 1999 Jan 1; 13:47-58 (65 references) The provided initial 10 sessions recommended, therefore, should represent a treatment plan for a possible total of 20 sessions of chronic pain management.

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.