

## NOTICE OF INDEPENDENT REVIEW DECISION

May 19, 2004

MDR Tracking #: M2-04-1133-01  
IRO Certificate #: IRO4326

The \_\_\_ 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. \_\_\_'s health care professional 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

This patient sustained a work-related injury on \_\_\_ when he was welding while standing on a stool. The stool fell over and the patient struck his head on the floor. The next day, the patient presented to the emergency department with complaints of cervical, dorsal, and lumbar pain. An MRI of the lumbar spine performed on 08/08/02 revealed early degenerative changes of the L5-S1 disc with diffuse mild disc bulging. It also revealed changes in the thoracic discs at T11-12 and T12-L1. The patient was treated with pain medications and physical therapy that included TENS and hot and cold packs.

### Requested Service(s)

Chronic behavior pain management program X 10 sessions

### Decision

It is determined that the proposed chronic behavior pain management program X 10 sessions is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation fails to substantiate that the previously attempted chronic behavior pain management program sessions fulfilled the requirements of Texas Labor Code 408.021. The patient obtained no relief from the treatments, promotion of recovery was not accomplished and there was no enhancement of the employee's ability to return to retain employment. In addition, the proposed program had already been attempted and failed and the patient is not likely to benefit in any meaningful way from repeating treatments already rendered.

This decision by the IRO 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) 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 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, Fax: 512-804-4011.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,

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 19 <sup>th</sup> day of May 2004.
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