

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 16, 2004

Re: IRO Case # M2-04-1299

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed services
2. Denial letters
3. D.C. office notes 7/22/03 – 9/4/04,
4. M.D. records 3/13/03 – 4/8/04
5. D.O. records 8/5/03 – 10/1/03
6. Electrodiagnostic study report 8/5/03
7. Biofeedback progress notes 9/3/03 – 12/22/03
8. Counseling progress notes 4/4/03 – 9/5/03

History

The patient is a 30-year-old female who has had low back pain since she slipped and fell, landing on her buttocks in ___. She was treated with chiropractic treatment as well as epidural steroid injections. She also was treated with trigger point injections, which did not give significant relief.

She reportedly had an MRI, which was unremarkable. The patient came under the care of her treating D.C. on 7/22/03. She is also being treated by an M.D. EMG/NCS on 8/5/03 reportedly were normal. The patient was given 14 individual counseling sessions by a licensed professional counselor from April 2003 until September 2003. She was then treated with biofeedback from September 2003 through December 2003. The patient continues to experience disabling back pain.

Requested Service(s)

Chronic pain management program x 30 sessions

Decision

I disagree with the carrier's decision to deny the requested program.

Rationale

The patient has developed a disabling chronic pain syndrome from her injury. She has reportedly benefited from the individual counseling and biofeedback that she previously received. Her neurologist noted significant behavioral improvement. A chronic pain management program would be able to improve the patient's motivation and quality of life, and decrease her perception of pain and dependence on the health care system.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to 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.

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 20th day of July 2004.