

June 30, 2004

## NOTICE OF INDEPENDENT REVIEW DECISION

### MDR Tracking #: M2-04-1382-01

\_\_\_ 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 and is familiar with the condition and treatment options at issue in this appeal. 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 60 year-old male who sustained a work related injury on \_\_\_. The patient reported that while at work he injured his back. An EMG/NCV performed on 12/22/00 was reported to have shown ongoing left sciatic neuropathy. On 10/23/01 the patient underwent a left L4-5 laminotomy, left L5 foraminotomy, and left L4-5 discectomy for the diagnoses of left L5 radiculopathy secondary to L4-5 herniated nucleus pulposus. A discogram performed on 5/15/02 revealed diffusely degenerated discs at L4-5. On 8/5/02 the patient underwent an L4-5 intra disc electrothermal coagulation for the diagnoses of chronic back pain secondary to L4-5 degenerative disc disease and spondylosis with discogenic component. Further treatment of this patient's condition has included medications, active and passive therapy. The patient is being referred to a chronic behavioral pain management program 5 times a week times two weeks (ten sessions).

#### Requested Services

Chronic Behavioral Pain Management 5 times week times 2 (10 sessions).

#### Documents and/or information used by the reviewer to reach a decision:

##### *Documents Submitted by Requestor:*

1. Independent Medical review 1/23/01
2. Operative note 10/23/01
3. Discogram report 5/15/02
4. Operative note 8/5/02
5. Office notes/prescriptions 9/18/03 – 5/13/04

*Documents Submitted by Respondent:*

1. No documents submitted

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 60 year-old male who sustained a work related injury to his back on \_\_\_\_. The \_\_\_ physician reviewer indicated that the patient has significant degenerative disc disease. The \_\_\_ physician reviewer noted that the patient underwent a left L4-5 laminotomy, left L5 foraminotomy, and left L4-5 discectomy for the diagnoses of left L5 radiculopathy secondary to L4-5 herniated disc. The \_\_\_ physician reviewer also noted that a discogram on 5/15/02 revealed diffusely degenerated discs at L4-5. The \_\_\_ physician reviewer indicated that on 8/5/02 the patient underwent an L4-5 intra disc electrothermal coagulation for the diagnosis of chronic pain secondary to L4-5 degenerative disc disease and spondylosis with discogenic component. The \_\_\_ physician reviewer explained that the patient had completed conservative treatment with medications, active and passive therapy and has been enrolled in a chronic behavioral pain management program. The \_\_\_ physician reviewer indicated that the patient's chronic pain condition has improved with the treatments completed in the pain management program. The \_\_\_ physician reviewer explained that the patient's pain is better controlled and his potential for improved functional capacity has increased with the treatments. Therefore, the \_\_\_ physician consultant concluded that the requested additional chronic behavioral pain management program 5 times a week times 2 weeks (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 30<sup>th</sup> day of June 2004.