

NOTICE OF INDEPENDENT REVIEW DECISION

Date: July 12, 2004

RE: MDR Tracking #: M2-04-1430-01
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 Psychiatric reviewer (who is board certified in psychiatry) who has an ADL certification. 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.

Submitted by Requester:

- Letter from ___ dated 5/24/04
- Referral form to ___ dated 3/10/04
- A rationale for Medical Dispute dated 4/30/04
- Telephone documentation from ___ dated 3/11/04-7/1/04
- Behavioral assessment from ___ dated 3/17/04
- Workman's compensation initial evaluation report from ___ dated 3/13/03
- MRI dated 11/19/02
- Letter from ___ dated 12/9/03
- Initial assessment from ___ dated 12/30/03
- Pre-authorization request and denials from the carrier and provider

Submitted by Respondent:

- Letter from the carrier dated 6/17/04
- Review by ___ dated 4/2/04
- Carrier's analysis for designated doctor appointment
- Designated doctor evaluation dated 4/14/04
- Evaluation by ___ dated 3/17/04
- MRI of the lumbar spine with and without contrast dated 12/1/03
- Operative report dated 7/14/03
- Myelogram with post CT scan dated 6/27/03
- Evaluation by ___ dated 6/4/03
- NCS and SSEP and dermatomal sensory latency studies of lower extremities dated 4/9/03
- MRI of the lumbar spine without contrast dated 11/19/02

- TWCC-21 form dated 12/18/03 and for 3/04

Clinical History

The claimant injured her lower back while moving a desk on _____. She initially underwent conservative treatment. She had two orthopedic consultations. These physicians felt that she was not a surgical candidate. She subsequently went through a series of epidural steroid injections. She then changed her primary treating doctor. She was subsequently evaluated by two other orthopedic surgeons who, based on their evaluations, felt that an L5-S1 laminectomy and discectomy were medically warranted. The claimant subsequently underwent those procedures on 7/14/03. She had post-operative rehabilitative treatment. In November of 2003, she was reporting to the primary treating physician recurrent back pain and left leg pain. Further imaging studies were ordered. She was not felt to be a further surgical candidate, however, as she was referred to the _____, that initial assessment indicated that the claimant was having low mood, reduced energy and motivation, sleep and appetite disturbance, and problems with her concentration and memory. He recommended epidural steroid injections that she had; however, these apparently did not significantly reduce her pain. She had an IME on 3/17/04 by _____ who felt that the claimant was not a surgical candidate and should be placed in an active exercise program. She had a functional capacity examination on 3/24/04 that indicated that she was at the medium capacity. On 3/17/04, she had a behavioral assessment at the _____. That history indicated that she had been involved in individual and group therapy sessions times 12 and had been involved in a work hardening program. They indicated that they felt she was having a number of symptoms of anxiety and depression that were related to the pain and that she had chronic pain, was irritable, had feelings of inadequacy and guilt, low interest, reduced sleep, grief, social withdrawal and impairments in her sex and social functioning. They diagnosed the claimant with a pain disorder associated with both psychological factors and the general medical condition, chronic. They also diagnosed her with major depressive disorder, single episode, a sleep disorder due to a general medical condition and a relational problem related to a mental disorder or general medical condition. Their recommendation was for a multi-disciplinary chronic pain management program. The claimant had a designated doctor evaluation on 4/14/04 where the claimant was felt to be at clinical maximum medical improvement. The initial request for the chronic pain management program was denied based on the claimant having had years of chiropractic and physical care with no demonstrated progress from medical interventions and no physical barriers from returning to work. The appeal was denied based on a peer to peer discussion, review of the letter of appeal and the RME. The physician who conducted the appeal felt there is no demonstrated progress towards recovery and no support for participation in a chronic pain management program.

Requested Service(s)

Review of a chronic pain management program for ten (10) sessions.

Decision

I agree with the provider that ten (10) sessions of the chronic pain management program is medically indicated.

Rationale/Basis for Decision

The claimant appears to have exhausted primary and secondary levels of treatment but is having persistent pain and psychological barriers to returning to work despite testing at a medium capacity level

on the functional capacity examination. While she has participated in some aspects of the pain management program through various other treatment interventions and not made substantial progress through these interventions, she has not participated in a coordinated multidisciplinary program. She is precisely the type of individual that chronic pain management programs are designed to try to benefit. Her prognosis is worsened by her history of extensive treatment with limited response; therefore, I would recommend authorizing the ten requested sessions but would expect the claimant to demonstrate objective signs of substantive improvement before approving any additional sessions.

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.

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 patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 13th day of July 2004.