

NOTICE OF INDEPENDENT REVIEW DECISION

Date: July 29, 2004

MDR Tracking #: M2-04-1476-01

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 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:

- Record of an ER visit dated 2/13/03
- Head CT and cervical spine CT dated 2/13/03
- Films of the pelvis, chest, lumbar and cervical spine
- Evaluation by ___ dated 2/18/03
- Notes by ___ spanning the period from 2/19/03 to 3/27/03
- Notes from ___ spanning the period from 7/11/03 to 12/11/03
- Operative report; pre-operative internal medicine consult dated 7/10/03
- Operative report dated 7/23/03 of an L4-L5 decompressive laminectomy
- Pathology report dated 7/24/03
- Operative report dated 7/31/03 of a wound debridement and an L4-L5 partial laminectomies
- Infectious disease consultation dated 7/31/03
- Discharge summary from the wound debridement hospitalization dated 8/4/03
- Letter from ___ dated 10/1/03
- Functional capacity evaluation dated 3/10/04 from ___
- Lumbar myelogram with follow-up CT dated 4/10/03 ordered by the claimant's orthopedic surgeon, ___
- Referral for a chronic pain management program (CPMP) by _____ (this does not have a date on it)
- Description of CPMP at ___
- Evaluation dated 4/15/04 from ___
- Request for CPMP from ___ dated 4/20/04

- Request for reconsideration of CPMP dated 5/4/04 from ____

Submitted by Respondent:

- Letter from ____ dated 5/3/04 which is a request for review of the medical necessity of a CPMP
- Letter from ____ dated 4/20/04 which is also a request for review of the medical necessity of a CPMP
- Letter from ____ dated 5/4/04 requesting reconsideration of CPMP denial
- Letter from ____ dated 4/20/04 which is the initial request for a CPMP
- Functional capacity examination dated 3/10/04 from ____
- Evaluation from ____ dated 4/15/04
- Treatment note from ____ dated 12/11/03
- Physical examination dated 10/7/03 with an illegible signature
- RUR dated 9/4/03 by ____, an orthopedist
- Notes from ____ spanning the period from February 2003 to May 2003
- Operative report dated 7/23/03
- Note from ____ dated 5/30/03 (This appears to be a psychological evaluation, but is difficult to read.)
- Note (which I believe is dated 4/19/03) from ____
- History and Physical dated 4/9/03 (the physician's name is illegible)
- Evaluation from ____ with an illegible date
- CT scan of the brain and CT scan of the cervical spine dated 2/13/03
- Films of the pelvis, chest, lumbar spine, and cervical spine dated 2/13/03

Clinical History

The claimant reportedly injured his back in a motor vehicle accident on _____. There is apparently some dispute with respect to whether there is pre-existing back problems. There was documented pre-existing psychiatric difficulties including diagnoses of depression, paranoid schizophrenia, chronic psychosis, bipolar disorder and substance abuse. The claimant underwent physical rehabilitation under _____ care. He appeared to be making some gradual improvements with this. Her diagnoses were whiplash, lumbar sprain and moderate anxiety. He was re-evaluated by his orthopedist on 3/11/03 who tried to reassure the claimant. He offered a Medrol Dosepak and subsequently ordered a myelogram with post myelogram CT. This apparently revealed a large disc extrusion to the left with some mass effect on L5 as a result of the persistent pain. The orthopedist recommended surgery. The claimant underwent a laminectomy in July of 2003. This was complicated by an infection which necessitated further operation to débride the wound. Since that time period, the claimant has apparently been having continued pain. It appears that he received subsequent physical rehabilitation treatment from _____. A functional capacity examination accomplished on 3/10/04 indicated that he was functioning in the light range and recommended that he be returned to work with accommodation or undergo a work hardening program. It is not clear that this occurred. He was referred to a CPMP by _____ around the same time period on 4/10/03. The claimant undergoes a lumbar myelogram with CT follow-up ordered by his orthopedic surgeon. This revealed a large ventral defect on L4-L5 with a mass effect on the left L5 nerve root and it is noted that the root is partially amputated. The evaluation for the CPMP was dated 4/15/04. Their diagnosis for him was chronic pain, an adjustment disorder.

They note that the claimant had stress, anxiety, anger, sadness and reduced activity that they feel is related to the injury and subsequent treatment for that injury. Of note, they noted that his thought processes were clouded. There is no note of the history of thought disorder that was previously noted. The first requested CPMP was denied based on the fact that the claimant had already had 70 sessions of physical therapy and the feeling that, at most, the claimant needed limited psychological treatment for closure of a failed spinal surgery and needed vocational rehabilitation. The appeal was denied on 5/13/04 based on the claimant never having received lower levels of psychiatric or behavioral treatment, that the claimant had a significant pre-injury diagnosis of paranoid schizophrenia that is not receiving any attention and that the evaluating psychologist from the CPMP was not aware of such a significant psychological problem.

Requested Service(s)

Ten (10) sessions of a CPMP

Decision

I agree with the insurance carrier that the CPMP is not medically necessary at this juncture.

Rationale/Basis for Decision

There is not included in the documentation reviewed a follow-up evaluation by the claimant's orthopedic surgeon. The lumbar myelogram with follow-up CT scan is suggestive of a possible surgically correctable lesion and thus it does not appear that the claimant has exhausted all primary and secondary interventions to help his chronic pain. Furthermore, there do appear to be some other reasons that this CPMP may not be appropriate for this candidate. First, it does not appear that there was coordination of care or recognition of this prior significant psychiatric history, given the diagnoses and their documented observation of clouded thought processes. It would seem appropriate that there be coordination between the program and a treating psychiatrist, and if he does not have a treating psychiatrist, that this be arranged. Further, the program description does not include a medication management section in the agenda, nor is vocational rehabilitation included in that agenda, both of which would be considered essential components to a CPMP, especially in this individual who if he is close to his maximum medical improvement, is not likely to return to his prior work status and given his complicated psychiatric history will likely need effective treatment for this to maximize his potential for employability.

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.