IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 16, 2004

Re: IRO Case # M2-04-1538

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, Rule133.308 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:

<u>Medical Information Reviewed</u>

1. Table of disputed services
2. Denial letters
3. Electrodiagnostic study report 2/3/04
4. Psychophysiologic stress profile report 4/16/04
5. M.D. records 1/9/04 – 5/21/04
6. D.O. office notes 2/13/03 – 11/19/03
7. M.D. office note 11/15/02
8. M.D. office note 7/25/02

History

The patient is a 61-year-old male who was injured in ___. He reported the onset of severe low back pain and spasms after five days moving file cabinets and other heavy objects. He was initially treated conservatively with physical therapy and medications. An MRI revealed a disk herniation with fragments, and surgery was performed in July 2000, followed by his return to work. The low back pain recurred with radiation down the left leg. A repeat MRI revealed a large disk herniation, and a second surgery was performed in December 2000. Following the second surgery, the patient continued to have low back pain intermittently. After another MRI was performed on 1/3/03 the patient was referred for consultation with a physical medicine/pain management specialist, who performed multiple injection procedures throughout 2003 with no lasting benefit. The patient was evaluated by a neurologist on 1/9/04 and a chronic pain management program was recommended. EMG/NCS on 2/3/04 revealed lower extremity poly neuropathy, but no acute chronic motor neuropathy. The patient underwent a psychological stress profile and clinical evaluation on 4/16/04 and a chronic pain management program was recommended.

Requested Service(s)

39 sessions of chronic pain management program

Decision

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

Rationale

The patient has been suffering from chronic low back pain for the last four years. It appears from the notes provided that he has been treated with conservative, invasive and surgical treatment options. His psychological profile on 4/16/04 reported depression and anxiety related to his pain. The levels of depression and anxiety are consistent with other chronic pain patients. The patient also states that his pain is affecting his daily functioning. A chronic pain management program would be appropriate and medically necessary at this point to address his psychological issues, and to reduce the affect that his chronic pain has on his life, as well as reduce his 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.