

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO: 453-04-8363.M2**

**NOTICE OF INDEPENDENT REVIEW DECISION**

July 30, 2004

Re: IRO Case # M2-04-1543  
IRO Certificate # 4599

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:

Medical Information Reviewed

1. Table of disputed services
2. Denial letters
3. Letter from psychologist 7/8/04
4. Letter of Appeal 5/25/04

5. Pre authorization request 5/18/04
6. Case summary 5/17/04
7. Biofeedback and counseling notes 4/19 – 5/28/04
8. Physical therapy progress report 2/11/04 Letter from M.D. 9/4/03
9. Case synopsis 10/11/02, History and Physical report 10/11/02
10. FCE 10/11/02
11. Psychological screening evaluation 3/18/04
12. Hospital medical records
13. X-ray lumbar spine report 6/28/02
14. Clinical notes from several M.D.s 2002 - 2004
15. MRI lumbar spine report 7/26/02
16. Peer review 8/26/02
17. M.D. notes 2002-2003
18. Rehabilitation evaluations 3/18/04, 4/18/04
19. Preauthorization request 4/1/04
20. D.O. Consult report 4/8/04

#### History

The patient is a 45-year-old female who in \_\_\_ injured her back while lifting heavy crates. She was taken to the ER, and x-rays were taken. The patient was released with pain medications. She followed-up with her treating M.D. on 7/16/02. An MRI of the lumbar spine on 7/26/02 was reported as significant for a left paracentral disk herniation at L4-5, and a right paracentral disk herniation at L3-4. A CT myelogram, and then surgery were recommended, but were denied by the carrier. The patient was maintained on pain medications. She was sent for a psychological screening on 3/18/04. On 4/13/04 epidural steroid injections were recommended, but the records do not indicate if they were carried out. The patient underwent a three-week trial of physical therapy 4/19/04 – 5/11/04, without benefit. She was treated with individual psychological counseling and biofeedback therapy in April and May 2004. A chronic pain management program was recommended.

#### Requested Service(s)

10 days (80 hours) chronic pain management program

#### Decision

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

#### Rationale

The patient injured her low back in \_\_\_\_. An MRI reveals two herniated disks. She has failed lower level treatment options, such as physical therapy, individual psychological counseling, and biofeedback. The patient continues to suffer from low back and leg pain two years after the initial injury. Surgical treatment was denied. The patient was seen by a pain management specialist who recommended epidural steroid injections, and it is

unknown if they were ever performed. The pain management specialist also recommended a pain management program. The patient's psychologist, physical therapist, treating M.D. and every consultant who has seen her has recommended a pain management program.

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 30th day of July 2004.