

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING  
IS THE RELATED SOAH DECISION NUMBER:  
SOAH DOCKET NO. 453-05-2073.M2**

**NOTICE OF INDEPENDENT REVIEW DECISION**

**Date:** October 19, 2004

**RE: MDR Tracking #:** M2-05-0105-01  
**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:**

- Letters of non-authorization dated 6/3/04 and 8/4/04
- Notice of IRO assignment
- Note from \_\_\_ dated 9/28/04
- Notice of Independent Review Decision dated 8/13/04
- Letter of medical necessity from \_\_\_ dated 7/30/04
- Letter of medical necessity from \_\_\_ dated 9/27/04
- Request for services dated 7/30/04, re-reviewed and dated 9/27/04 by \_\_\_
- Treatment plan and goals dated 7/30/04 by \_\_\_
- Mental health evaluation dated 1/22/04 by \_\_\_
- Note dated 7/26/04 by \_\_\_, chiropractor
- MRI of the lumbar spine dated 8/29/03
- MRI of the cervical spine dated 3/11/03
- Series of x-rays including a skull series, a cervical spine series, a lumbar spine series, sacroiliac joint and sacrum coccyx series that are dated 1/14/03
- MRI of the pelvis and sacroiliac joints dated 12/16/03
- MRI of the sacrum dated 12/16/03

**Submitted by Respondent:**

- Case summary dated 9/30/04
- Letters of non-authorization dated 6/3/04 and 8/4/04
- Treatment plan and goals dated 5/26/04 by \_\_\_

- Pre-authorization request dated 5/26/04
- Referral form to the \_\_\_ dated 5/26/04
- Letter of medical necessity dated 5/26/04 by \_\_\_
- Memo dated 5/26/04 by \_\_\_
- Treatment plan review dated 5/26/04 by \_\_\_
- Return visit note dated 1/16/04 \_\_\_
- Physician advisor forms from the request for chronic pain management programs
- Texas Worker's Compensation work status report dated 1/15/04
- MRI's dated 12/16/03 of the sacrum, pelvis, sacroiliac joints
- Initial consultation dated 12/8/03 by \_\_\_
- Evaluation by \_\_\_ dated 12/3/03
- Surgery report from an epidural block dated 11/3/03
- Note by \_\_\_ dated 11/11/03
- Note by \_\_\_ dated 9/29/03
- NCV studies dated 9/24/03
- Note by \_\_\_ dated 3/20/03
- Radiological studies as submitted by the requester
- MRI studies as submitted by the requester
- TWCC-69 report of medical evaluation dated 11/19/03
- Note by \_\_\_ dated 11/19/03

### **Clinical History**

The claimant reportedly injured her back on \_\_\_ when she fell off a ladder at work while picking oranges. Since that time she has had persistent pain extending from her head all the way down her spine and radiating down into both legs. She also reportedly has developed symptoms of depression. Her treatment to date is not fully included in the notes. It appears that she has had some epidural injections as well as medications and other conservative interventions. According to the reviewed documentation, it appears that this program was initially submitted for in the Spring of 2004, but was non-authorized at that time due to the unexplainable range of symptoms the claimant was reporting and it was recommended that she may only possibly need psychological treatment. This was appealed and then on 8/4/04, the non-authorization was due to a note from the chiropractor indicating that the claimant should start some active therapy. Apparently there was a prior IRO dated \_\_\_, which indicated that the non-authorization of the chronic pain management program was appropriate. That reviewing physician recommended that the claimant participate in psychotherapy for 4-6 weeks and have an adequate anti-depressant trial. It appears that \_\_\_ started her on Zoloft on 8/20/04 for the depression and he saw her again on 9/20/04 and continued her on Zoloft at 50 mgs a day. There is not really much documentation as to the degree of response to this intervention. She apparently has also been participating in individual therapy with only mild gains, but continued disability reportedly from her persistent pain. It appears that \_\_\_ has resubmitted for the chronic pain management program, indicating that the claimant is at a tertiary level of care and has failed therapy and psychotropics. They are requesting a 30-session chronic pain management program. I do not have any documentation that the carrier has re-reviewed the submitted additional clinical material that has been submitted by \_\_\_; however, the case summary from 9/30/04 indicates that the carrier maintains its position.

### **Requested Service(s)**

Thirty (30) sessions of chronic pain management program.

## **Decision**

Recommend authorization of ten (10) sessions of the chronic pain management program with consideration for an additional ten (10) sessions should the claimant be making objective signs of improvement within the program.

## **Rationale/Basis for Decision**

The claimant appears to have participated in primary and secondary interventions for her multiple pain complaints without being able to return to work. It has been a number of months since the chiropractor's note indicating that the claimant should be in both an active therapy program and a chronic pain management program. None of the submitted material indicates that further lower levels of care are being pursued at this time. Initial interventions with psychotherapy and with psychotropic medications do not appear to have substantially impacted her condition. Therefore, a chronic pain management program would be warranted. The request for 30 sessions is excessive given the claimant's multiple somatic complaints and poor response to treatment so far. I would only recommend approving 10 sessions initially. If the claimant participates actively in the program and there is evidence that she is benefiting from the program and making objective functional improvement further sessions can be submitted for and approved. According to the National Guideline Clearinghouse, under Chronic non-malignant pain, generally effective outcome from multidisciplinary pain programs is obtained within 20 days of treatment.

## **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 19<sup>th</sup> day of October 2004.