

## NOTICE OF INDEPENDENT REVIEW DECISION

November 3, 2004

RE: MDR Tracking #: M2-05-0111-01  
IRO Certificate #: IRO 4326

The \_\_\_ 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. \_\_\_'s health care professional 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.

### Clinical History

This 44 year-old female injured her bilateral hands on \_\_\_ while performing repetitive data entry activities. She has been treated with medications and therapy.

### Requested Service(s)

Chronic pain management program X 10 sessions

### Decision

It is determined that there is no medical necessity for the chronic pain management program X 10 sessions to treat this patient's medical condition.

### Rationale/Basis for Decision

Medical record documentation does not indicate the necessity for a chronic pain management program. Although the Licensed Professional counselor referenced Staal<sup>1</sup> as a basis for medical necessity, a review of the article did not support her position and the efficacy of the combination of physical exercise, behavioral treatment and education warrant additional study.

Current medical literature state, "...there is no strong evidence for the effectiveness of supervised training as compared to home exercises. There is also no strong evidence for the effectiveness of multidisciplinary

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<sup>1</sup> Staal JB, Hlobil H, van Tulder MW, Koke AJ, Smid T, van Mechelen W. "Return-to-work interventions for low back pain: a descriptive review of contents and concepts of working mechanisms," *Sports Med.* 2002;32(4):251-67.

rehabilitation as compared to usual care.”<sup>2</sup> The literature further state “...that there appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities...”<sup>3</sup> In addition, a systematic review of the literature for a multidisciplinary approach to chronic pain found only 2 controlled trails of approximately 100 patients with no difference found at 12-month and 24-month follow-up when multidisciplinary team approach was compared with traditional care.<sup>4</sup> Based on those studies and absent any documentation that the proposed chronic pain program would be beneficial, the chronic pain management program X 10 sessions is not medically necessary to treat this patient's medical condition.

This decision by the IRO is deemed to be a TWCC decision and order.

### **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 hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Workers' Compensation Commission, 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 all other parties involved in this dispute.

Sincerely,

Attachment

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 carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 3<sup>rd</sup> day of November 2004.

<sup>2</sup> Ostelo RW, de Vet HC, Waddell G, Kerchhoffs MR, Leffers P, van Tulder M, Rehabilitation following first-time lumbar disc surgery: a systematic review within the framework of the cochrane collaboration. *Spine*. 2003 Feb 1;28(3):209-18.

<sup>3</sup> Karjalaine K, Malmivaara A, van Tulder M, Roine R, Jauhiainen M, Hurri H, Koes B. Multidisciplinary biopsychosocial rehabilitation for neck and shoulder pain among working age adults. *Cochrane Database Syst Rev*. 2003;(2):CD002194.

<sup>4</sup>Karjalainen K, et al. Multidisciplinary rehabilitation for fibromyalgia and musculoskeletal pain in working age adults. *Cochrane Database of Systematic Reviews* 2000;2.