

November 19, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-05-0132-01
TWCC #:
Injured Employee:
Requestor:
Respondent:
----- Case #:

----- has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ----- IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ----- for independent review in accordance with this Rule.

----- has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ----- external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in neurology and is familiar with the condition and treatment options at issue in this appeal. The ----- physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ----- for independent review. In addition, the ----- physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 56 year-old female who sustained a work related injury ----- . The patient reported that while at work she injured her lower back while lifting. The diagnostic impression for this patient's condition has included L4-5 and L5-S1 disc syndrome associated with instability of L4-5 and L5-S1, and evidence of a lateral facet joint hypertrophy at L4-5 and L5-S1. The patient is status post laminectomy and decompression of L4-5 and L5-S1 with fusion and with calcium density disc spacers and anterior devices with screws and anterior plates in 12/01. On 1/18/03 the patient underwent a partial removal of instrumentation at the L4-5 and L5-S1 levels. An MRI performed on 3/10/04 suggested facet and ligamentum hypertrophy at L3-4 with narrowing of the neural foramina on either side, disc protrusion at L3-4, more midline and to the left extending into the neural foramina, and facet hypertrophy at L4-5. Further treatment of this patient's condition has included epidural steroid injections, medications, and a chronic pain management program. The current diagnoses for this patient include lumbar radiculopathy, lumbar pos fusion, and chronic pain syndrome. 10 sessions of hypnotherapy and individual counseling have been recommended for further treatment of this patient's condition.

Requested Services

10 sessions of hypnotherapy (90880) and 10 sessions individual counseling (90806).

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Pain Management notes 1/9/04 – 2/4/04
2. Progress Notes 12/5/02 - 10/7/04
3. Individual Therapy Progress Notes 2/27/03 – 12/11/03

Documents Submitted by Respondent:

1. No documents submitted.

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The ----- physician reviewer noted that this case concerns a 56 year-old female who sustained a work related injury to her back on -----. The ----- physician reviewer indicated that the patient has undergone hypnotherapy and psychotherapy in the past. The ----- physician reviewer noted that the per an office note the patient is under consideration for a dorsal column stimulator. The ----- physician reviewer indicated that the patient had experienced partial relief with epidural steroid injections. The ----- physician reviewer also noted that the patient experiences other chronic pains. The ----- physician reviewer explained that the patient has had similar treatment in the past without sustained benefit. The ----- physician reviewer also explained that there are no controlled peer reviewed studies proving that hypnotherapy provides sustained pain relief. Therefore, the ----- physician consultant concluded that the requested 10 sessions of hypnotherapy (90880) and 10 sessions individual counseling (90806) are not medically necessary to treat this patient's condition at this time.

This decision 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)** days of your receipt of this decision. (20 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)** days of your receipt of this decision. (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings/Appeals Clerk
P.O. Box 17787
Austin, TX 78744

Fax: 512-804-4011

A copy of this decision should be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. (Commission Rule 133.308(t)(2)).

Sincerely,

State Appeals Department

cc: Texas Workers Compensation Commission

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 19th day of November 2004.

Signature of IRO Employee

Name