

December 1, 2004

Re: **MDR #:** M2-05-0249-01 **Injured Employee:**
 TWCC#:
 IRO Cert. #: 5055 **DOI:**
 SS#:

TRANSMITTED VIA FAX TO:

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

REQUESTOR:

RESPONDENT:

TREATING DOCTOR:

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Pain Management and is currently listed on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

- Request for reconsideration 09/21/04
- Evaluation 08/25/04
- Operative report 03/03/04
- Radiology report

Information provided by Respondent:

- Documentation

Information provided by Orthopedist:

- Office note 07/30/04

Information provided by 2nd Orthopedist:

- Office notes 07/23/04 – 08/06/04
- Work hardening evaluation 08/03/04

Clinical History:

This claimant sustained a work-related accident on ___ after which she experiences pain in the lower back and neck areas. She has undergone multiple evaluations and treatment including a 2-level anterocervical fusion. She has also been treated with injections, medications, and physical therapy. She has been taking short-acting narcotics in the form of hydrocodone as well as some Celebrex as an antiinflammatory analgesic. She has had symptoms of depression and anxiety as well, felt to be a result of her chronic pain condition, which has remained troublesome to this claimant despite the above interventions. She has not been able to return to her prior occupation, though she does list her goals as including reducing her overall amount of pain and a return to her previous occupation.

Disputed Services:

Behavioral pain management X 10 sessions.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the pain management program in dispute as stated above is medically necessary in this case.

Rationale:

It is clear that this claimant has continued to suffer from pain after her work-related injury ____ years ago, despite multiple treatment attempts with medications, physical therapy, injections, and even a cervical fusion surgery. She has continued to require short-acting opioids for pain control, chronically, and has not been able to return to work. Also, there is clearly an emotional/psychological consequence to her chronic pain and inability to return to her occupation with some depression and anxiety noted by observers.

Therefore, the reviewer does feel that this claimant would be an ideal candidate for a chronic pain program that can emphasize not only the treatments that may help reduce pain, but also behavior modifications so that this claimant may be better able to function with her remaining pain. Also, worthwhile goals may include further physical therapy and rehabilitation services, vocational rehabilitation if it is offered, and a reduction in the need for short-acting narcotic pain medications, etc. Psychological interventions with therapy and/or medication adjustments may also be appropriate during this program. The program should emphasize an active exercise program as part of his physical therapy services and not just passive modalities such as chiropractic adjustments, massage, etc.

The information provided for review indicates that the rehabilitation and exercise services will be provided by chiropractors that are "competent and trained in providing physical therapy services".

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

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

This Decision is deemed received by you **five (5) 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
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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.

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 December 1, 2004.