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NOTICE OF INDEPENDENT REVIEW DECISION

Date: December 29, 2004

Requester/ Respondent Address:

TWCC
Attention: Gail Anderson
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-1609

Behavioral Healthcare Associates
Attn: ___
Fax: 713-789-7351
Phone: 713-914-0277

Wassau Business Ins/Liberty Mutual
Attn: ___
Fax: 864-595-7304
Phone: 864-574-8010 x 226

RE: Injured Worker: ___
MDR Tracking #: M2-05-0379-01
IRO Certificate #: 5242

Forté 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 Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté 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

- BHCA position letter
- Health and behavioral assessments
- Physical performance evaluation
- Positive pain management psychological evaluation
- Cooper Street Chiropractic Clinic treatment notes
- Pre-authorization request for a chronic pain management program
- Impairment rating from West Ft. Worth Impairment Rating Center
- Required Medical Exam

Submitted by Respondent:

- Letters of non-authorization
- Peer review analyses
- Physical performance evaluation
- Psychological testing
- Rebuttal of denial of pre-authorization for psychological services

Clinical History

Ms. ___ was reportedly injured on ___ while pulling a pallet. She suffered a lumbar strain/sprain and a lumbar intervertebral disc injury without myelopathy. She apparently has undergone several conservative treatments and diagnostic studies without substantial improvement in her pain. She also has undergone health and behavioral intervention sessions with slight improvement. A chronic pain management program was requested. It was initially non-authorized with the justification that the claimant's depression needed more aggressive management. The most recent Beck Depression Inventory score was a 12. Neuropsychological testing was accomplished which indicated a number of deficits including an IQ in the mild mental retardation range, a number of learning deficits, a number of deficits in memory functioning, receptive and expressive language, and visual spacial functions. A subsequent request for the chronic pain management program was non-authorized secondary to the claimant's significant impairments and mild mental retardation.

Requested Service(s)

Review of prospective medical necessity of the proposed chronic pain management program 5 days a week for 30 days regarding the above mentioned injured worker.

Decision

The request for 30 sessions of a chronic pain management program is excessive. I would recommend authorization of 10 sessions of the chronic pain management program with consideration for further sessions if the claimant is making objective and substantive gains.

Rationale/Basis for Decision

The claimant apparently has demonstrated the capacity to participate in other therapeutic activities and despite scoring in the mild mental retardation range on her IQ is thought to function at a higher level. Individuals with this level of IQ are educable. Thus, exclusion based upon mild mental

retardation and other cognitive deficits does not seem warranted given that the program is willing to modify their chronic pain management program to fit this claimant's individual needs. Further, the rationale that her depression needed to be more aggressively treated does not seem warranted given her Beck Depression Inventory score was in the mild range of depression, which is not atypical for individuals entering into a chronic pain management program. However, the request for 30 sessions of a chronic pain management program is excessive given the cognitive problems, the depression, and the duration of the symptoms which all reduce the likelihood of response to this treatment. I would recommend authorization of 10 sessions of the chronic pain management program with consideration for further sessions if the claimant is able to successfully participate in the modified chronic pain program and if she is making objective and substantive gains within the program.

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 29th day of December 2004.

Signature of IRO Employee:

Printed Name of IRO Employee: