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## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** February 8, 2005

**Requester/ Respondent Address:**

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

BHCA PC  
Attn: Cathleen Hammers  
Fax: 281-465-8405  
Phone: 281-298-7266

Texas Mutual Insurance Company  
Attn: Ron Nesbitt  
Fax: 512-404-3980  
Phone: 512-322-8518

**RE: Injured Worker:**

**MDR Tracking #:** M2-05-0621-01

**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:**

- Notice of IRO agreement
- BHCA position letter
- Appeal letter

- Extension request letter dated 11/11/04
- Physical performance evaluation extension request dated 11/12/04
- Extension request dated 10/21/04
- Clinical interview dated 7/28/04
- Physical performance evaluation extension request dated 10/20/04
- Physical performance evaluation dated 8/4/04
- Treatment note from Dr. Williams dated 7/9/04

**Submitted by Respondent:**

- Case summary dated 1/20/05
- Five exhibits which included various correspondence between the chronic pain management program and the carrier titled Exhibit 1, Exhibit 2, Exhibit 3, Exhibit 4, and Exhibit 5

**Clinical History**

The claimant was injured in the course of her duties when a patient she was moving fell on top of her. This reportedly led to injury of her tailbone, back, right hip, right leg and shoulder. She underwent primary and secondary treatments without substantial gain. She was entered into the BHCA chronic pain management program and underwent 25 sessions there. An additional 5 sessions were requested, but non-authorized. The initial non-authorization was due to the reviewer feeling the claimant had not made substantial gain in the program and that there was not documentation of medical management occurring within the program. On appeal, the carrier non-authorized stating that the claimant needed a “light at the end of the tunnel” and closure with respect to the chronic pain management program. Additionally I would note that the carrier indicates that they had a request and approved an epidural steroid injection on 10/27/04.

**Requested Service(s)**

Multidisciplinary chronic pain management program 8 hours per day five days per week for one week.

**Decision**

I agree with the carrier that the 5 sessions of the chronic pain management program are not medically necessary.

**Rationale/Basis for Decision**

There are a number of reasons that the continued participation in the chronic pain management program is not medically necessary. First a chronic pain management program is a tertiary level of care and other providers are requesting lower levels of care, an epidural steroid injection, which was approved by the carrier during the time period that these final 5 sessions were requested. Secondly, it is not expected that at the end of a tertiary program a claimant will be pain free or achieved all of her long-term treatment goals, but rather that the claimant be given the tools necessary to continue to work toward the treatment goals following discharge from the program. From the documentation, it appears the claimant had accomplished this level. She had completed 25 sessions of the chronic pain management program, and it is documented that she was effectively using her home exercise program and had made strides with the psychological component of 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 8<sup>th</sup> day of February 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder