7600 Chevy Chase, Suite 400
Austin, Texas 78752
Phone: (512) 371-8100
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NOTICE OF INDEPENDENT REVIEW DECISION

Date: January 26, 2005

Requester/ Respondent Address:

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

BHCA
Attn: Linda Kinney
Fax: 817-451-0091
Phone: 817-457-8004

Protective Insurance Co c/o Crawford & Co
Attn: Francis Millican
Fax: 512-454-5110
Phone: 512-454-5100

RE: Injured Worker:
MDR Tracking #: M2-05-0633-01
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 assignment
- Cover letter by Linda Kinney
- Medical dispute resolution position letter by Dr. McBride-Houtz
- Letters of non-authorization from Concerta
- Initial psychological interview dated 7/22/04
- Psychological testing dated 8/18/04
- Counseling notes
- Reassessment summary dated 10/27/04
- Physical performance evaluation dated 10/26/04
- Appeal letter

Submitted by Respondent:

- Notice of IRO assignment
- Appeal letter
- Health and behavioral intervention reassessment summary
- Physical performance evaluation dated 10/26/04
- Behavioral medicine evaluation dated 8/18/04
- Clinical interview dated 7/22/04
- Health and behavioral intervention reassessment summary dated 10/27/04
- Non-authorization letter from Concerta
- Authorization letter for facet injections
- Authorization letter for psychological testing
- Authorization letter for psychological evaluation
- Authorization letter for psychological treatment
- Authorization letter for trigger point injections

Clinical History

The claimant was reportedly injured in the course of his duties as a truck driver. He reported injury to his back while loading and unloading trucks on ___. He was returned to light duty but then subsequently re-injured his back. He has undergone a number of treatments to include physical therapy, ultrasound, TENS unit, massage therapy, acupuncture, chiropractic care, facet injections, stellate ganglion blocks, and individual psychotherapy. He has also been on antidepressant medications including Zoloft, Paxil and Prozac. He was referred by his primary treating physician to the Syzygy Pain Management Program. They conducted a psychological interview and psychological testing which was indicative of a chronic pain condition and depression. He was referred for individual counseling and relaxation training which he completed but without substantial functional improvement. He was felt to be appropriate for a chronic pain management program. This was requested and non-authorized initially because the carrier was unable to get in touch with the requesting providers and desired more information regarding the course of treatment the claimant had received prior to approval. This was appealed. The appeal was non-authorized due to the reviewer feeling that the treating physician and pain

management program had differing treatment goals and the reviewer feeling there was not an individualized treatment plan. According to a letter submitted with the IRO from the provider, they claim that they never received a call from the insurance carrier with the first request and on the second request they indicate that they confirmed with the referring physician after the second denial and that they had relayed to the reviewing physician similar treatment plans for the claimant in the chronic pain management program.

Requested Service(s)

Thirty sessions of a chronic pain management program

Decision

I disagree with the carrier and find that 10 sessions of the chronic pain management program is medically necessary with consideration for additional sessions if the claimant attends and makes substantive gains within the chronic pain management program.

Rationale/Basis for Decision

The reviewer for the appeal indicates that she initially had planned on approving 10 visits, but then felt that the treating physician's and pain management program's treatment goals were differing; however, in the appeal for the IRO it appears that the treatment program and the referring physician have similar treatment goals. I have no way of knowing what the misunderstanding was; however, from a clinical needs perspective, it does appear that the claimant has exhausted primary and secondary treatment interventions and continues to have a chronic pain syndrome. Therefore, the claimant would be an appropriate candidate for a trial of a chronic pain management program. I think the request for 30 session is excessive given the degree of the claimant's depression as well as the limited response to prior treatment interventions, therefore I would recommend approval of 10 sessions as the carrier's reviewer had initially intended to do with further sessions being approved if the claimant attends the program and makes objective 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 26th day of January 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder