



7600 Chevy Chase, Suite 400  
Austin, Texas 78752  
Phone: (512) 371-8100  
Fax: (800) 580-3123

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** February 2, 2005

**Requester/ Respondent Address:**

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

Bexar County Healthcare Systems  
Attn: Nick Kempisty  
Fax: 214-943-9407  
Phone: 214-943-9431

CMI Barron  
Attn: S. Macaulay  
Fax: 210-522-9287  
Phone: 210-681-6055

**RE: Injured Worker:**

**MDR Tracking #:** M2-05-0671-01  
**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:**

- Cover letter from Bexar County Health Care Systems dated 1/18/05
- Notice of IRO assignment
- Physical performance evaluation dated 10/18/05

- Initial examination by Dr. Bieler dated 10/21/04
- Evaluation by Scott Persinger from Bexar County Health Care Systems dated 10/18/04
- Request for 10 sessions of a chronic pain management program
- Request for reconsideration from the Bexar County Health Care System for the chronic pain management program

**Submitted by Respondent:**

- Position statement
- Notice of IRO
- Non-authorization letters and documentation relevant to this
- Program description of interdisciplinary pain rehabilitation programs
- Note from Dr. Buianov dated 8/26/04
- Request for reconsideration Bexar County Health Care Systems
- Initial request Bexar County Health Care Systems
- Evaluation by Scott Persinger dated 10/18/04
- Physical performance evaluation dated 10/18/04

**Clinical History**

The claimant reportedly injured her back in the course of her work duties on \_\_\_\_\_. She has had extensive treatment for her back pain including lumbar fusion, physical therapy, massage, injections, medications and individual therapy. She was referred by Dr. Buyanov to the Bexar County Health Care Systems for evaluation. They saw her and diagnosed her with a chronic pain disorder and phobic disorders. She had a Beck Anxiety Inventory of 43 and a Beck Depression Inventory of 37 during their evaluation. A request was made for a chronic pain management program. This was initially non-authorized because the reviewer felt the claimant might not be an appropriate candidate for a chronic pain management program due to severe depression and anxiety, and they also cite that the claimant had 80% relief of her pain with an epidural steroid injection on 7/8/04. The pain program appealed this decision and it was subsequently denied on 11/24/04 with the rationale that the claimant had 80% relief with the first epidural steroid injection and a second one was accomplished on 10/8/04, and that the reviewer had tried to call Dr. Buyanov's office but was unable to get any information with respect to the response to the second injection. The carrier also indicates in their position statement that they feel the injury is old and that nothing has helped despite extensive treatment. Thus they feel she is unlikely to respond to a chronic pain management program and furthermore they feel the goal of returning to work is unrealistic.

**Requested Service(s)**

Ten sessions of a chronic pain management program.

**Decision**

I disagree with the insurance carrier that the 10 sessions of the chronic pain management program is medically necessary.

## **Rationale/Basis for Decision**

The claimant appears to have exhausted primary and secondary treatment modalities. While the reviewer cites being unable to get information from the physician who performed the epidural steroid injection, there was an initial examination by Dr. Bieler approximately 13 days following the second epidural steroid injection where he indicates there was not significant improvement with the second epidural steroid injection. Overall the descriptions of her behavior do not suggest that her depression or anxiety is as severe as her Beck scores would suggest. Also, individuals with scores at that level are commonly admitted into chronic pain management programs. Depression and anxiety are not a contraindication to participation in a chronic pain management program unless they are severe enough to prevent active participation. In most circumstances, the only way to determine this is to give the individual a trial period and see if they can actively participate. Finally, I concur with the carrier that given the duration of this claimant's injury and her limited response to prior efforts at treatment, her prognosis is guarded; however, this is typical of patients who enter into chronic pain management programs. That is why they are considered a tertiary level of care. Thus, a trial of 10 sessions in a chronic pain management program seems reasonable. I would not recommend approving further sessions unless the claimant is able to actively participate in the program and is making substantive improvements that are likely to result in achieving the treatment goals.

## **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 2<sup>nd</sup> day of February 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder