



3Specialty Independent Review Organization, Inc.

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-05-4989.M2

February 25, 2005

Hilda Baker
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M2-05-0768-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor who is board certified in Psychiatry. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This 40 year old male was injured on the job while lifting on _____. He was diagnosed with multiple lumbar disc herniations with L5 right radiculopathy and chronic right leg pain which has left him unable to work. He had over 2 years of treatment including physical therapy, chiropractic care, work conditioning, individual counseling (10 sessions), biofeedback (10 sessions), surgery on 3-15-2004 and medications. He still has chronic pain.

He takes Celebrex, Trazodone and aspirin. He had been referred for a chronic pain management program in April 2003. This was denied. He again was referred for SPMP on 9-13-2004 and again denied. Again referred for CPMP on 12-6-2004 and again denied stating "given that lower levels of care have not been exhausted CPMP is not warranted."

Records Reviewed:

Texas Mutual letters 12-10-04, 12-28-04; case summary 2-3-05
Dr. Creamer/Dr. Barta letters 12-17-04, 1-05-05
Dr. Miller report 9-26-02, letters 4-15-04, 8-7-04; note 10-04-04
Dr. Stetzner report 3-5-04
Dr. Ozanne prescription and note 8-20-04
Dr. Earl Williams note 5-15-03
MRI report 9-26-02
Dr. Havard prescriptions 8-4-04, 1-5-05
Behavioral Healthcare Associates note 10-8-04; summary 12-6-04
Impairment Evaluation 10-20-04
Dr. Kilgore note 8-10-04; report 8-19-04; letter 9-28-04
Dr. Thaker nerve conduction exam 10-30-02
Dr. Phillip Williams letter 10-24-02
Several notes without dates or with unreadable signatures

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a chronic pain program, 8 hrs/day, 5 days per week for 6 weeks (30 visits total).

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that the patient has exhausted all other levels/types of care and continues to have significant pain. Every doctor treating him is requesting this chronic pain program. The requested chronic pain program is medically necessary due to continuing pain despite multiple treatments over 28 months.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has

made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) 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 Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 25th day of February, 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli