

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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 Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on March 7, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel
GP/thh

REVIEWER'S REPORT M2-05-0844-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's
Information provided by Requestor:

Correspondence
Office visits 04/01/04 – 10/08/04

Information provided by Respondent:

Correspondence

Designated doctor exams

Information provided by Treating Doctor:

Office visits 05/23/04 – 01/28/05

Radiology exams 03/13/02 – 06/15/04

Information provided by Pain Management Specialist:

Office visits 07/06/04 – 12/14/04

Procedure notes 08/10/04 – 1/12/04

Information provided by Chiropractor:

Office visit 06/10/04

Clinical History:

This claimant sustained a work-related injury on ___ while carrying a trash can when she felt a sudden sharp pain in the lower back. She has had ongoing pain since the injury, and has undergone various treatment attempts including physical therapy, epidural steroid injections, medications for symptomatic control, facet joint injections, which resulted in significant pain relief temporarily, as well as some emotional/psychological treatment for depression, anxiety, etc. Because of lack of adequate pain control, she has now been referred for treatment at a multidisciplinary, chronic pain management program that would address all aspects of her presentation, including ongoing pain, medication need and usage, as well as emotional disturbance and adjustment to her chronic pain condition, etc.

Disputed Services:

Thirty-day chronic pain management program.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the chronic pain management program in dispute is medically necessary in this case.

Rationale:

It appears that this injured worker would be an appropriate candidate for a multidisciplinary chronic pain management program since various treatment attempts at different times have not resulted in significant and sustained improvement in her overall pain condition as well as associated emotional facts, psychological symptomatology.

A comprehensive multidisciplinary pain program can address several aspects of this claimant's needs and may therefore provide a unique therapeutic advantage when compared to the attempts made so far. Since the patient has apparently failed treatment attempts with medications, injections, physical therapy, etc. I do feel that it would be medically reasonable and appropriate to proceed to a chronic pain program that is comprehensive and multidisciplinary.

Additional Comment:

Though not in dispute, the reviewer is of the opinion that if the procedure has not been performed, a lumbar facet joint radiofrequency/neurectomy procedure is indicated for this claimant. The reviewer feels strongly that this claimant should be considered for a lumbar facet joint denervation through radiofrequency since she did have a significant

reduction and response to the facet joint blocks that were done which only helped temporarily. Certainly, if similar pain controls and reduction (80% or so) can be achieved for a longer period of time through the radiofrequency procedure, and then is followed by an appropriate physical therapy and home exercise program, it is in the reviewer's experience that chronic pain from the lumbar facet joints can significantly improve.