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NOTICE OF INDEPENDENT REVIEW DECISION

Date: April 4, 2005

Requester/ Respondent Address: TWCC
Attention:
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-1609

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

UTICA National Ins Co
Attn: Melissa Rodriguez
Fax: 512-494-0991
Phone: 512-494-9198

RE: Injured Worker:
MDR Tracking #: M2-05-1086-01
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 Psychology reviewer. The psychology 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:

- None

Submitted by Respondent:

- A request for continuation of the chronic pain management program with the determination dated 1/24/05
- A request for reconsideration dated 1/26/05
- A denial of the appeal by a physician advisor
- Status report dated 1/18/05
- Request for continuation of the chronic pain management program dated 1/4/05
- An appeal denial dated 2/4/05
- Peer review dated 1/10/05 by R.A. Buczek, D.O., D.C.
- Notes from the Multidisciplinary Pain Management Program dated 1/7/05, 1/10/05, 1/11/05, 1/12/05, 1/13/05 and 1/14/05.

Clinical History

There is no clinical history provided by either the requester or the respondent. The information provided relates to the time that Ms. ___ was treated in the Bexar County Healthcare Systems chronic pain management program. The peer review does not provide a history of Ms. ___ treatment. It does note that she was injured on ___ and had a successful shoulder arthroscopy. The peer reviewer expected that she would have had no more than 4 to 6 months of treatment following the arthroscopy. He noted that the current edition of the ACOEM Guidelines recommends a maximum of 24 separate sessions of physical medicine with rapid transition to a home based exercise program. He noted that those parameters were greatly exceeded. No other description of Ms. ___ treatment prior to her admission to the Bexar County Healthcare System multidisciplinary chronic pain management program is available. While in the program, it is noted by the requester that Ms. ___ made moderate progress on the behavioral goals and mild progress on the physical goals. In the 10 days attended there was no change in her subjective pain levels. There was an insignificant change in her levels on the Beck Depression Inventory and a significant change on her anxiety levels. The reviewers of both the initial request for continuation and the appeal of the denial of that request both opined that there was insufficient progress to justify continuation of the program.

Requested Service(s)

Continuation of the chronic pain management program for an additional 10 sessions.

Decision

I disagree with the carrier and find that the services are medically necessary.

Rationale/Basis for Decision

The issue is essentially whether sufficient progress is being made by the claimant to justify continuation of the program. There are no objective studies, of which I am aware, that correlate progress in the first 10 days of the program with the ultimate functional outcome. Progress is generally based on subjective ratings that are made by the providers. I believe that sufficient progress was made, as seen in the changes on the Beck Anxiety Inventory scores and on the subjective ratings of “moderate improvement” after the 10 sessions of the program. The “minimal improvement” noted on the physical goals of the program would also support continuation of the program. I believe that 10 additional sessions would fall within the typical effective duration derived from evidence-based outcome studies that suggest a 20 session program as the average duration. Therefore, I believe that the additional 10 sessions would meet these guidelines and justify 10 sessions to complete 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.

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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 4th day of April 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder