

May 9, 2005

Re: MDR #: M2-05-1290-01
TWCC#:
IRO Cert. #: 5055

Injured Employee:
DOI:
SS#:

TRANSMITTED VIA FAX TO:

Texas Workers' Compensation Commission

Attention:
Medical Dispute Resolution
Fax: (512) 804-4868

REQUESTOR:

Valley Integrated Pain Assessment & Care
Attention: Johnny Oliva
(956) 630-2399

RESPONDENT:

Dallas Fire Ins. Co. c/o Downs Stanford
Attention: John Fundis
(214) 748-4530

Dear Mr. ____:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is board certified in Neurology and Pain Management and is currently listed on the TWCC Approved Doctor List.

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 May 9, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

REVIEWER'S REPORT
M2-05-1290-01

Information Provided for Review:
TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

Correspondence/assessments (12/02/04 – 03/18/05)

Electrodiagnostic study 12/10/04

Radiology report 11/08/02

Information provided by Respondent:

Correspondence

Designated doctor reviews

Clinical History:

This claimant sustained a work-related injury dated ___ that resulted in chronic pain in the neck, as well as lumbar region since then. He has been treated with a variety of medications including anti-inflammatories, muscle relaxants, and analgesics, including short-acting opioids, along with physical therapy. Despite these treatment attempts, he has continued to experience moderate to severe pain along the entire spine, including the cervical, lumbar, and thoracic region and has undergone workup including imaging by MRI and evaluations by orthopedic surgery consultants. The chronic-pain condition has been felt to contribute to some emotional consequences, including depressive symptoms. This claimant underwent treatment in a multidisciplinary chronic pain program for 20 sessions and was felt to have made some progress in not only coping with his chronic pain condition, but also with some of the psychological/emotional consequences through a variety of modalities, including medication adjustments or additions, including antidepressants, anxiety medications, and short-acting narcotics, in addition to physical therapy, the use of an electrical stimulator device, group therapy, relaxation training, bio-feedback, nutrition education, vocational orientation, etc. He has also undergone some lumbar and cervical epidural steroid injections. A request for an additional 10 sessions in the chronic pain program to complete a full 30-day program, has been denied.

Disputed Services:

Ten additional sessions of an outpatient chronic pain management.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the additional sessions of the pain management program in dispute as stated above are medically necessary in this case.

Rationale:

It appears from review of records that this claimant has tried multiple treatment attempts prior to the chronic pain program, without satisfactory outcomes. It appears that there has been documented progress in both the patient's ability to cope with his pain as well as in the some of the psychological/emotional consequences of the chronic pain, so that an additional 10 sessions would be reasonable, and in my opinion, medically necessary. One could certainly expect that further progress can be made in his pain control through additional and ongoing modalities and medication adjustment, etc. The request was denied initially due to an opinion that 20 days in a chronic pain program is sufficient, and

that this should be the maximum number of days allowed in the program; however, the reviewer is not in agreement with this opinion, and has certainly seen that the claimant having well responded to the first 20 days, may experience even further benefit with the total 30-day program.