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NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 24, 2005

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

Valley Total Healthcare Systems
Attn: Nick Kempisty
Fax: 214-943-9407
Phone: 214-943-9431

TPCIGA for Paula Ins Co
Attn: Lori Hawthorn
Fax: 512-502-4811
Phone: 512-435-9335

RE: Injured Worker:
MDR Tracking #: M2-05-1639-01
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 Psychologist reviewer. 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:

- TWCC work status report
- Center for Pain Management, Tim Chowdhury, M.D. April 2002 to November 2004

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- Patterson Chiropractic, 8/20/02 to August 2004
- Behavioral consultation, 5/17/04 – Rebecca Ryland, MS, LPC
- Chronic pain assessment – Valley Integrated Pain Assessment and Care, 6/9/04
- Valley Total Healthcare Systems

Submitted by Respondent:

- Response to medical dispute, 3/28/05
- Valley Total Healthcare Systems
- Shorman Solutions
- Letter of medical necessity, John Patterson, D.C.
- Valley Integrated Pain Assessment and Care
- Return to work evaluation – William R. Culver, M.D., 9/27/04
- IME by John Obermiller, M.D.
- Correspondence from TWCC
- Vocational consultant's report, 1/11/05

Clinical History

The claimant was injured while working for Super Splash. She sustained an injury to her right wrist and shoulder. She had a significant amount of conservative treatment including medications, physical therapy, blocks, and injections. An acromioplasty of the right shoulder was performed on 4/13/00. She had a number of psychological evaluations and was authorized for 8 sessions of individual psychotherapy and psychotropic medication checks in September 2004. After 3 of these sessions and one of the medication checks, she refused further treatment. In November 2004, she refused to see any of her physicians because she felt they were not being helpful. In January 2005, she was referred for evaluation for suitability for a chronic pain management program and 10 sessions of a chronic pain management program was requested and denied.

Requested Service(s)

Ten sessions of a chronic pain management program

Decision

I agree with the carrier that the services in dispute were not medically necessary.

Rationale/Basis for Decision

Although the claimant was referred for a chronic pain management program, she has exhibited a lack of motivation or engagement in behavioral interventions. She has made it clear by constantly refusing psychotherapeutic intervention that she does not accept that this intervention has any potential for being effective for her. A chronic pain management program can only be effective if

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the patient is motivated and willing to enter into treatment. These programs are behavior modification programs and require a willingness of the patient to undergo substantial change in their pain behavior. There is no indication in the documentation provided that the claimant has this motivation or willingness to undergo this type of treatment. Without the patient's motivation, the program cannot be effective and, therefore, is not medically necessary or reasonable.

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 24th day of May 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder