

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 June 27, 2005.

Sincerely,

Gilbert Prud'homme
Vice President/General Counsel

GP/dd

**REVIEWER'S REPORT
M2-05-1730-01**

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

From Requestor:

Correspondence
Office notes 03/03/04 – 04/20/05
FCE 08/02/04
Operative reports 04/29/03 – 03/05/04
Radiology reports 08/19/03 – 02/15/05

From Respondent:

Correspondence

Clinical History:

This male claimant sustained a work-related injury on ____, which has resulted in a chronic pain syndrome in the lumbar spine. He has undergone several treatments including a fusion surgery, but has had residual low back pain as well as leg pain and weakness. This has been accompanied by emotional and psychological consequences from the chronic pain including feelings of depression, sleeping difficulties, with some initial improvement in some of these symptoms with some individual psychological therapy sessions. The patient has also been treated with long-acting opioids including OxyContin.

Disputed Services:

Twenty sessions of chronic pain management.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that 20 sessions of a chronic pain management program is medically necessary in this case.

Rationale:

It appears from the records provided that this claimant has already undergone the usual treatment attempts at his chronic pain, including a lumbar fusion surgery. Not only has he continued to be troubled with the pain condition, but he has suffered from some emotional and psychological consequences from the chronic pain. All of these issues can be further addressed and hopefully improved by participation in a multidisciplinary chronic pain management program, which can help not only to reduce physical pain, but can also help the individual to adjust to the chronic pain condition with improvements hopefully in sleep, mood, anxiety, etc. It is hoped that the combination of these interventions can finally help this claimant to reach a more productive lifestyle. The reviewer feels that this claimant fits the usual criteria for referral to a multidisciplinary chronic pain program and, in my opinion, would be an ideal candidate.