

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:

Texas Workers' Compensation Commission
Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744

FAX (512) 804-4011

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 August 31, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/dd

REVIEWER'S REPORT
M2-05-2161-01

Information Provided for Review:

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

From Requestor:

Correspondence

Psych Eval 06/03/05

From Respondent:

Correspondence

Treating MD:

Office Notes 01/14/03 – 06/21/05

Nerve Conduction Study 11/27/00 – 03/17/05

OR Report 10/28/99

Radiology Report 03/30/99 – 12/09/00

Clinical History:

The claimant, sustained a work-related injury on ____, which has resulted in a chronic knee pain condition on the left. The patient was admitted for his first surgery to the left knee on 10/28/99 with diagnosis of a left medial meniscus tear, dislocation of the left patella, and chondromalacia of

the left patella. This was followed by some postoperative physical therapy. Surgery performed was an arthroscopy procedure. Notes approximately 8 weeks after physical therapy claim that his pain had been decreased by approximately 60% and that there was less crepitation noted. He had ongoing pain, however, and was not able to return to work at that time. He eventually underwent some work hardening and was treated with short-acting opioids such as Vicodin and some anti-inflammatory medications such as Naprosyn. After completing work hardening, he was still unable to perform most of the activities that were required of him and was reporting pain levels of 8/10. Components of his pain were described as "burning and itching" associated with numbness. Eventually, notes that are available indicate that the patient underwent a total of "2 knee surgeries." Subsequent notes indicate pain levels as high as 10/10 as well as intermittent swelling and redness to the left lower extremity. Whether a second surgery had actually been done is uncertain and may have just been a typographical error, but followup appointments with his orthopedic specialist, Dr. Berliner, indicated that no further surgery was recommended in an office note (dated 10/07/04) but that a repeat MRI scan of the knee was pending. Eventually the claimant eventually required a walker as well as constant use of a knee brace. He continued on short-acting opioids as well as anti-inflammatory medications. A chronic pain therapy was eventually recommended in an office visit dated 03/10/05 due to continuation of symptoms. It is not clear that the aquatic therapy program was ever authorized, and eventually a recommendation for treatment in a chronic pain management program was made. This was mainly due to ongoing symptoms of severe pain as well as concurrent symptoms of possible depression, which have been treated with Zoloft by his private doctor. Treatments at the chronic pain management program was denied by the insurance carrier due to their conclusion that this claimant had already participated in a chronic pain management program. His treating physician, Dr. Ortiz, sent a note, which is not dated, replying to this denial by stating that this claimant "has never had chronic pain management" since his injury on 03/23/99. A psychological evaluation at West U. Rehab, which is presumably the chronic pain management program, dated 06/03/05, indicates that there is need for a "more comprehensive program" for chronic pain due to this claimant's ongoing pain symptoms as well as "a very high level of depression."

Disputed Services:

Chronic pain management program for 10 days at 8 hours per day.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the services in dispute as stated above were not medically necessary in this case.

Rationale:

I see no evidence in the records provided that this claimant has already participated in any chronic pain program and have no reason to suspect that his treating physician would be false in his assertion that this claimant has never participated in a chronic pain management program. The notes provided, mostly from Dr. Ortiz, are clear in summarizing the treatment that has been offered to date including the arthroscopic procedure, physical therapy, work hardening, etc. No where in these notes since the time of injury is there any mention of this claimant having participated in a multidisciplinary chronic pain program with emphasis on physical therapy, medication adjustments, psychological evaluation and treatment, etc.

However, review of records indicate that the claimant has not yet been referred to a chronic pain specialist. It is certainly possible that a pain specialist may have some additional treatment modalities beyond what has already been tried. Frankly, there may be other medication trials (other than the Vicodin and Naprosyn) that may be beneficial, especially for the type of pain that this claimant has described, which has neuropathic qualities. Without the benefit of actually talking to this claimant and examining this claimant, it would be difficult for me to stipulate any particular diagnosis, but certainly conditions that may result in neuropathic pain such as complex regional pain syndrome come to mind. Therefore, this claimant may well benefit from a

consultation by a pain specialist for further diagnostic and treatment options, which may include medications such as Neurontin or certain nerve blocks/sympathetic blocks, if felt appropriate, etc.

My overall opinion is that referral to a chronic pain management program at this point will be premature, as these programs are usually felt to be the tertiary "last resort" type of option. Certainly if this patient makes no progress with a pain specialist, I feel that a chronic pain program would be reasonable, as there does appear to be many factors that would need to be addressed such as his ongoing severe pain levels and emotional consequences such as depression, etc.

Again, I would like to emphasize that I feel that a referral to a pain specialist would be reasonable as the next step prior to a multidisciplinary chronic pain program.