

April 14, 2005

Re: MDR #: M2-05- 0666-01
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:

BHCA, PC
Attention: Cathleen Hammers
(832) 249-1970

RESPONDENT:

Sedgwick c/o Downs Stanford
Attention: Wendy Schrock
(214) 747-2333

TREATING DOCTOR:

Stephen M. Brown, DC
(972) 644-6847

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 April 14, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/thh

REVIEWER'S REPORT
M2-05-0666-01

Information Provided for Review:

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

Information provided by Requestor:

Position letter 12/20/04

Appeal letter 10/29/04

Initial psychological evaluation 04/13/04

Extension request and office notes 08/26/04 – 10/14/04

Pain management program description

Clinical History:

This claimant sustained a work-related injury on ___ when he was a clerk at _____ and was shot in the left arm during a robbery. He underwent emergency surgery and vascular repair of the left brachial artery. He has had chronic pain associated with psychological and emotional consequences of the injury and the pain. This was initially evaluated and treated with some psychotherapy sessions that also included some biofeedback sessions. This was then followed by the claimant's entering a multidisciplinary, chronic pain program, which was approved for 20 visits, during which this claimant appeared to have made progress.

Specifically, it is noted that the patient had made clear progress on many of his behavioral and medication goals, with a reduction in anxiety symptoms, depressive symptoms, increased sleep duration, and a decrease in the symptomatic complaints of pain, at least initially, and was felt overall to be making positive progress. An additional 10 days of the program was requested due to this claimant's progress and need for further improvement, which was denied based upon the argument that the claimant's initial psychotherapy and biofeedback sessions would have counted towards the full 30-day program.

Disputed Services:

Ten sessions of a chronic pain management program.

Decision:

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

Rationale:

This claimant deserves the additional 10 days and the multi-disciplinary chronic pain program, as he has exhibited not only ongoing chronic pain, but also some of the psychological and emotional consequences that are sometimes seen. He has also demonstrated more progress during the 20 days in the chronic pain program than he has with any other treatments attempted so far. The reviewer does not agree that the initial psychotherapy and biofeedback sessions should count toward the 30 days of a multidisciplinary, chronic pain program. The extent of treatment and of variety of different approaches would not have been offered prior to this claimant's entering into the chronic pain program. Therefore, an additional 10 days would be reasonable and medically necessary requesting for participation in the multi-disciplinary chronic pain program.