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NOTICE OF INDEPENDENT REVIEW DECISION – AMENDED DECISION

Original Date: August 23, 2005
Amended Date: August 25, 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

American Zurich Ins Co c/o FOL
Attn: Katie Foster
Fax: 512-867-1733
Phone: 512-435-2266

RE: Injured Worker:
MDR Tracking #: M2-05-1772-01
IRO Certificate #: IRO 5263

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 Psychology reviewer who has an ADL certification. 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:

- Notification of IRO assignment
- Patterson Chiropractic Clinic patient therapy notes
- Referral Tim S. Chowdhury, M.D.
- Valley Total Healthcare Systems, psychological evaluation and individual psychotherapy progress notes
- Functional Capacity Evaluation

Submitted by Respondent:

- Correspondence from Flahive, Ogden and Latson, attorneys at law
- Nonauthorization notice – 4/8/05
- Nonauthorization after reconsideration notice – 4/28/05

Clinical History

The records reflect that Ms. ___ was employed as an assistant manager for _____ when she was injured after the ceiling collapsed. Reportedly, the ceiling landed on her head and shoulders. The injury occurred on _____. The next day she was evaluated and found to have injuries at C3, C4 and C5-C6. She also sustained a rotator cuff tear to her right shoulder. She did not work for three months. After returning, she was able to work for two months until she could no longer work due to her pain. She has received physical therapy, chiropractic adjustments, injections and surgery. Reportedly, none of these were effective. She has been under treatment with Patterson Chiropractic Clinic. On 1/7/05, she was referred to Valley Total Healthcare Systems for a psychological evaluation. She was diagnosed with a chronic pain disorder with both psychological features and general medical condition and described as depressed and anxious. Although a chronic pain management program was recommended, she began individual psychotherapy on 2/15/05. After six sessions of psychotherapy was completed, a chronic pain management program was requested on 4/5/05 and denied. The request was submitted for reconsideration and this, too, was denied on 4/15/05. The basis of the denial was that the patient was progressing in individual psychotherapy and had not plateaued. Therefore, discharging her from individual psychotherapy for the purpose of referral to a chronic pain management program was felt not to be warranted.

Requested Service(s)

Ten (10) sessions of chronic pain management program

Decision

I disagree with the insurance carrier and find that the 10 sessions of a chronic pain management program is medically necessary.

Rationale/Basis for Decision

The claimant had made minimal progress while in individual psychotherapy. The ACOEM recommends that chronic pain management programs are the treatment of choice for chronic pain disorders. In general, individual psychotherapy alone or in combination with biofeedback has limited effectiveness for a chronic pain disorder, particularly after 4½ years. There could be little expected from continuing individual psychotherapy given the minimal progress that had been made over the 6 sessions. Therefore, the trial of 10 sessions of a chronic pain management program would be medically necessary treatment.

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 25th day of August 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder