

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71

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## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-0525-01
Name of Patient:	
Name of URA/Payer:	Facility Insurance
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician:	Debbie Crawford, DO
(Treating or Requesting)	

January 24, 2006

An independent review of the above-referenced case has been completed by a medical physician board certified in Physical Medicine and Rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: Debbie Crawford, DO  
Division of Workers' Compensation

#### DOCUMENTS REVIEWED

1. Forte review 11/21/05
2. Dr. Robert LeGrand's notes March-December 2005
3. Brownwood Family Practice notes February-March 2004, April-November 2005
4. Functional Abilities evaluation April 2005
5. Twenty pages of medication refill prescriptions
6. Multiple pain questionnaires
7. Pelvic x-ray report 02/10/04
8. Lumbar spine x-ray report 02/10/04
9. Drug screen labs 10/31/05

#### CLINICAL HISTORY

Forty-six year-old male injured on the job on \_\_\_\_, back pain ensued and two lumbar surgeries were performed. Patient developed chronic back pain, requiring chronic opioid pain medications.

#### REQUESTED SERVICE(S)

Chronic Pain Management program-10 sessions (out patient).

#### DECISION

Approved.

#### RATIONALE/BASIS FOR DECISION

This chronic pain interdisciplinary program is well suited to the chronic pain syndrome patient. The literature to support such a program can be found in Dr. Aronoff's Principles and Practice of Pain Management; Dr Deyo, JAMA 250:1057-1062, 1983; Drs. Fordyce and King numerous pivotal peer reviewed references. Upon review of this literature, it is clear that there exists positive and current peer reviewed literature for chronic pain interdisciplinary programs.

### Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

### YOUR RIGHT TO APPEAL

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

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

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Rule 102.4(h), 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 this 27<sup>th</sup> day of January 2006.

Signature of IRO Employee: \_\_\_\_\_

Printed Name of IRO Employee: Marc Salvato