MCMC

IRO Medical Dispute Resolution M5 Retrospective Medical Necessity
IRO Decision Notification Letter

Date:	**06/01/2006**
Injured Employee:	
MDR #:	**M5-06-0158-01**
DWC #:	
MCMC Certification #:	**TDI IRO-5294**

REQUESTED SERVICES:
Please review the item(s) in dispute: CPT code 99213-office visit for 05/13/2005.

DECISION: Upheld

IRO MCMCllc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M5 Retrospective Medical Dispute Resolution on 06/01/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The office visit for 05/13/2005 is not medically necessary.

CLINICAL HISTORY:
The injured individual is a 47 year old male with date of injury 11/2002. The MRI for which there is no date showed multilevel protrusions. The injured individual had epidural steroid injections (ESIs) in 2003 followed by a discogram and then IDET at L5/S1 in 08/2003. He did not progress so an open surgery was recommended but not done. He then had a spinal cord stimulator (SCS) recommended for his ongoing right leg pain in 04/2005 after psychiatric clearance had been gained. He had an Independent Medical Exam (IME) in 04/2005, which could not link his pain after the 11/2002 injury to that event alone, as he had prior injury in 1998 to his back and there was no date on the MRI. The IME felt the injured individual's Worker's Compensation (WC) injury should have resolved after treatment received and time had passed. The IME did not feel the injured individual needed ongoing treatment or procedures.

REFERENCE:
Bonica's Management of Pain. Third edition. Copyright 2000.

RATIONALE:
The office visit of 05/13/2005 is denied for multiple reasons. First, there is no corresponding note for this date of service. Second, I agree with the Independent Medical Exam (IME) that linking all this injured individual's pain and problems to his Worker's Compensation (WC) injury of 11/2002 is not possible given his prior similar 1998 injury and no definitive MRI at time of the WC injury. Third, the injured individual has had numerous invasive and noninvasive therapies with no relief. The IME did not recommend further treatment, which is reasonable, based on his lack of response to everything done thus far.

RECORDS REVIEWED:
- Notification of IRO Assignment dated 04/21/06
- MR-117 dated 04/21/06
- DWC-60
- MCMC: IRO Medical Dispute Resolution Retrospective Medical Necessity dated 05/09/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 04/21/06
- Flahive, Ogden & Latson: Letter dated 05/16/06 from Patricia Blackshear
- Flahive, Ogden & Latson: Letter dated 10/03/05 from Rebecca Strandwitz
- AIG Claims Services: Explanation of Review dated 06/20/05
- Austin & Associates: Comprehensive Medical Analysis dated 04/22/05 from Debbie Loomis, R.N.
- Neal Blauzvern, D.O.: Letter dated 04/20/05
- Comprehensive Pain Management: H&Ps dated 04/13/05, 05/13/04, 04/12/04, 03/03/04, 02/18/04, 02/03/04, 09/29/03, 08/28/03, 08/11/03, 06/19/03, 06/10/03 from Ryan Potter, M.D.
- Comprehensive Pain Management: Procedure Note dated 02/17/04 from Ryan Potter, M.D.
- Comprehensive Pain Management: Addendum dated 08/13/03 from Ryan Potter, M.D.
- Comprehensive Pain Management: Procedure notes with DOS of 08/13/03, 06/11/03, 05/05/03, 04/03/03, 03/11/03
- Comprehensive Pain Management: History & Physicals dated 05/12/03, 04/24/03, 03/25/03, 02/14/03 from Ryan Potter, M.D.

The reviewing provider is a Licensed/Boarded Pain Management/Anesthesiologist and certifies that no known conflict of interest exists between the reviewing Pain Management/Anesthesiologist 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 prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

This decision by MCMC is deemed to be a Division decision and order (133.308(p) (5).

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.

In accordance with Division rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent via facsimile to the office of DWC on this

___1st day of June 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee:_____