

MCMC

IRO Medical Dispute Resolution M2 Prospective Pre-Authorization IRO Denial Notification Letter

Date: 11/20/2004
Injured Employee:
MDR #: M2-05-0153-01
TWCC #
MCMC Certification #: 5294

Requested Service: Proposed spinal cord stimulator trial..

MCMC llc (MCMC) is an Independent Review Organization (IRO) that has been selected by The Texas Workers' Compensation Commission (TWCC) to render a recommendation regarding the medical necessity of the above requested service.

Please be advised that a MCMC Physician Advisor has determined that your request for M2 Prospective Medical Dispute Resolution on 11/20/2004 concerning the medical necessity of the above requested service is hereby Denied based on:

- *A Pain and Wellness Center follow up exams dated 05/18/2004 through 10/04/2004
- *Valley center for pain and stress management mental health assessment for surgical clearance dated 08/06/2004
- *Texas Mutual UR letters dated 07/22/2004, 08/26/2004 and 09/10/2004
- *Open MRI of right shoulder: Open MRI of McAllen dated 08/04/2003
- *Known HCFA providers for claim dated 09/30/2004
- *Texas Mutual case summary letter dated 10/07/2004
- *Dr. C, Mission Orthopaedics exam letter dated 07/22/2003
- *Shanti pain and wellness clinic exam notes dated 09/03/2003 through 03/17/2004
- *TWCC designated doctor medical evaluation dated 05/06/2003
- *Cornerstone Regional Hospital operative report dated 10/02/2002

Dr. A's note dated 07/20/2004 states that the injured individual completed the pain program and is "doing very well" although she is having an exacerbation of her right arm pain. The SCS trial was recently denied due to the fact that the patient completed a chronic pain management program in 07/2004 with noted decreased medications and depression. Dr. A counters with the note of 08/03/2004 stating the patient has right arm pain is 6/10 with ongoing RSD symptoms (edema, hyperesthesia, allodynia, hyperhidrosis) although her depression is gone. This note also states the patient continues to require a "high dose of narcotics in order to make the pain tolerable". However, the Mental Health assessment done 08/06/2004 for the SCS trial states the patient is currently prescribed only celebrex and neurontin, neither of which is a narcotic. This evaluation also states she is experiencing severe depression

and the initial diagnosis is "major depression"; this is a problem Dr. A stated was "cured" by the pain program in his note dated 3 days earlier. This same psych evaluation noted a BDI of 29 ("severe depression"). This in itself is a contraindication to any trial of an implantable device. In addition, the patient is not taking any narcotics according to the notes nor is she on "heavy" doses of medication which would support an invasive pain management intervention. This patient is not an appropriate candidate for any implantable device or trial based on her psychological evaluation and the fact that she is not maxxed out on reasonable pain medications (i.e. Narcotics or lidoderm patch) or injections (i.e. SGBs, Bier blocks, etc).

I do not feel any change in decision is warranted. In addition, I would add that the psych evaluation of 08/06/2004 states: "she is in need of developing appropriate coping skills that will aid in her recovery process." and "many chronic pain patients have negative beliefs that stem from their condition and these will inevitably follow surgical interventions; these beliefs should be addressed and extinguished in order to have a more positive outcome..."

REFERENCES:

1. Bonica's Management of Pain, third edition copyright '00.
2. Practical Management of Pain by P. Raj copyright '00.

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

The reviewing provider is a Board Certified Anesthesiologist and certifies that no known conflict of interest exists between the reviewing chiropractor and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

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) days or your receipt of this decision (28Tex.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 **20** (twenty) days of your receipt of this decision (28Tex.Admin. Code 148.3©.)

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Workers' Compensation commission
P.O. Box 17787

Austin, Texas, 78744

Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the 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 carrier, the requestor and claimant via facsimile or U. S. Postal Service from the office of the IRO on this

20th day of November 2004.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____