

MCMC

IRO Medical Dispute Resolution M2 Prospective (Pre-Authorization or Concurrent Rev.) IRO Certified/Denial Notification Letter

Date: 12/21/2004
Injured Employee:
MDR #: M2-05-0162-01
TWCC #
MCMC Certification # 5294

Requested Services:

Please review the item in dispute regarding to address prospective medical necessity for the proposed 30 day interdisciplinary chronic pain program, regarding the above mentioned injured individual.

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.

Please be advised that a MCMC Physician Advisor has determined that your request for M2 Prospective Medical Dispute Resolution on 10/05/04, concerning the medical necessity of a 30-day interdisciplinary chronic pain program is hereby denied based on:

- *Notification of IRO assignment: 10/05/2004
- *Texas Worker's Compensation Commission (TWCC) request for Medical Dispute Resolution: 09/23/2004, 10/05/2004
- *Review Determination: 08/17/2004, 08/05/2004
- *IRO Medical Dispute Resolution Notification Letter: 10/05/2004, 11/01/2004
- *Medical Dispute Resolution position letter completed by Dr. M , Ph.D.: 09/07/2004
- *MHI telephone notes: 07/16/2004 to 08/17/2004
- *Letter to Dr. F completed by Dr. H, D.C.: 08/18/2004
- *Psychological Clinical Interview completed by ____, M.A., L.P.C. and Dr. M, Ph.D: 07/27/2004
- *Medical History Questionnaire completed by the injured individual: 02/02/2004
- *Functional testing completed by Preston Diagnostic Center: 03/25/2003 through 08/04/2003
- *ERGOS Functional Capacity Evaluation Summary Report completed by ____, OTR and ____, MOT, OTR,: 06/16/2004
- *Initial RTW program assessment completed by ____, OTR: 02/02/2004

The medical necessity for the proposed 30-day interdisciplinary chronic pain program is not established. The medical necessity is not established for several reasons. First, the documentation reflects a behavioral assessment dated 07/27/2004. The behavioral

assessment opines that the injured individual is an appropriate candidate for the initiation of the program. It is possible, if not likely, that this injured individual is a viable and appropriate candidate for some type of behavioral treatment. However, the report does not establish a baseline of data from which to later compare if objective progress is being achieved through the administration of the program. Baseline data could include behavioral assessments and inventories such as Becks for depression and/or anxiety, SSAD, MMPI, GAF scores and other pertinent assessments to provide a baseline of data from which to later compare with serial testing to ascertain if the program is proving appropriate and efficacious.

Furthermore, there are multiple indications in the documentation to indicate that the injured individual either has possible positive Waddells signs or has exhibited submaximal effort in the physical testing portion of the examinations of 08/04/2003 and 06/16/2004. One entry in the 06/16/2004 documentation shows an incomplete Waddells sign test in which two of four entities are positive. The exam is not completed and is not formally scored. Number five in this particular test was left blank. Three of five positive scores would be considered positive and indicative of a myriad of things including somatization. Furthermore, one functional capacity examination (FCE) indicated that the injured individual demonstrated a positive Rapid Exchange Grip test. According to the documentation, a positive REG test may be an indication of submaximal effort. This finding is apparently never again explored or discussed, and could certainly serve to threaten the success of any comprehensive or return to work program, especially given the fact that the proposed CPM program has physical medicine to represent a significant component of the program.

Also, the documentation indicates that this injured worker participated for at least six weeks in a work hardening program, which would have some psychological intervention included in its program. There is no indication within the documentation as to how the injured individual progressed or participated in the psychological portion of the work hardening (WH) program. This would be helpful information in determining the appropriateness and likely success of the CPM program.

Lastly, although opined above that the injured individual, by virtue of the report of the behavioral assessment, was a likely appropriate candidate for the CPMP, the extent of injury does not match favorably with the extent of treatment prescribed to date. No advanced test reports are included for review to establish that the injured worker demonstrated or possessed significant complicating factors that could be reasonably be expected to warrant care of the degree and nature and duration reflected within the documentation.

In light of the arguments raised in the above discussion, the medical necessity for the requested CPMP is not established or opined as appropriate given the information contained in the provided documentation.

Records indicate that the above captioned individual, a 43-year-old female, was injured as a result of an occupation incident during the course of her normal employment on _____. The history reveals that the injured individual reported that a chair rolled out from under her and she fell to the floor, injuring her low back. To date the injured individual has participated in chiropractic care, medication management, consultative referrals, injections, work hardening and individual counseling. Diagnostic testing has

included X-rays, MRI, bone scan, nerve conduction studies (unspecified), however no results are included for review. The current diagnosis includes, back pain, lumbar sprain/strain, sacroiliac sprain, depression and anxiety.

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

The reviewing provider is a Licensed Chiropractor 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.

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

22 day of December 2004.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____