

# MCMC

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

Date: 12/28/2004

Injured Employee:

MDR #: M2-05-0256-01

TWCC #

MCMC Certification : #5294

### Determination: Denied

#### Requested Services:

Please review the item in dispute regarding to please address prospective medical necessity of the proposed chronic behavioral pain management times ten sessions, regarding the above mentioned injured worker.

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 ten sessions of a chronic behavioral pain management program.

Please be advised that a MCMC Physician Advisor has determined that your request for M2 Prospective Medical Dispute Resolution on 10/21/2004 concerning the medical necessity of ten sessions of a pain management program is hereby denied based on:

- \*Request for reconsideration letter from \_\_\_\_, L.P.C.: 09/22/2004
- \*Pre-certification request: 09/01/2004
- \*Evaluation for chronic pain management program completed by \_\_\_\_, L.P.C.: 08/05/2004
- \*IRO Medical Dispute Resolution Notification letter: 10/22/2004
- \*Notification of IRO assignment: 10/21/2004
- \*Review Determination form: 09/08/2004, 09/27/2004
- \*Comprehensive Medical Analysis completed by \_\_\_\_, R.N.: 08/29/2003
- \*Medical Record Review completed by Dr. C, M.D.: 08/23/2003
- \*Texas Workers' Compensation Commission (TWCC)-report of medical evaluation completed by \_\_\_\_, D.C.: 01/27/2004
- \*Letter to TWCC from Dr. F, M.D.: 02/10/2004
- \*Review of Medical History and Physical Exam completed by Dr. F: 02/10/2004
- \*Radiology Study: 05/31/2002, 06/02/2002, 09/10/2003
- \*Psychiatric Evaluation completed by Dr. G, M.D.: 06/14/2002
- \*Epidural steroid injections: 09/12/2002, 11/15/2002, 02/21/2003, 07/17/2003
- \*Initial Examination completed by Dr. S, M.D.: 10/10/2002
- \*Progress notes completed by Carter Outlaw, D.C.: 10/21/2002
- \*Progress notes completed by Dr. S, M.D.: 10/22/2002 through 07/31/2003
- \*Progress notes completed by Dr. B, M.D.: 08/28/2003 through 02/02/2004
- \*Progress notes from Combined Care Health Center, LLC, completed by Dr. O, D.C. and Dr. E, D.C.: 01/30/2003 through 04/01/2004

- \*Progress notes completed by Dr. J, M.D.: 01/10/2003, 02/14/2003
- \*Progress notes completed by Dr. H, M.D.: 11/17/2003 through 02/09/2004
- \*EMG and Nerve conduction study completed by Dr. J. M.D.: 02/14/2003
- \*Evaluation completed by Dr. Y, M.D.: 06/18/2003
- \*Psychiatric Follow-up completed by Dr. G, M.D.: 10/02/2003
- \*Initial consultation completed by Dr. Z, M.D.: 04/01/2003
- \*TWCC work status report completed by Dr. E: 04/02/2004
- \*TWCC work status report completed by Dr. W, D.C.: 06/27/2004

This 34-year-old male has a DOI of \_\_\_ with a resultant lumbar strain. All work-ups have been negative and the injured individual has had multiple epidural steroid injections (ESIs) and other conservative care with no improvement. He has had psychological evaluations and an independent medical examination (IME) suspecting psychological overlay and symptom magnification. He was hospitalized with inability to walk which resolved after a completely thorough and negative work-up. Again, the strong possibility of psychological overlay was stated. The injured individual is not a candidate for the chronic pain program due to his prior IME testing which questioned his reliability and motivation, due to his apparent psychological issues (hospitalization with inability to walk with a completely negative work-up), and due to a lack of appropriate psychological treatment to address these overriding issues.

An MRI and EMG were negative in 2002. A repeat EMG in 2003 was also negative. The pain program evaluation states his pain is rated "7/10". Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI) testing revealed significant depression and anxiety (in 2002 he briefly took Effexor and Elavil). He reported sleep disturbance and he required hydrocodone and neurontin. The injured individual has been treated with ESIs, physical therapy (PT), and a muscle stimulator. In 05/2002 he was hospitalized for inability to walk. During this time, he had an extensive neurological work-up, all of which was negative and he was discharged after a few days. Psychological overlay was suggested. An IME gave him 5% impairment rating and declared him at MMI in 09/2002. In 10/2003, the injured individual had a psychological work-up which diagnosed severe adjustment disorder, anxiety, depression, and chronic pain. Behavior modification was recommended. He had a repeat IME in 02/2004 which found markedly positive Waddell signs and reaffirmed the MMI date to be 09/2002. The pain program was denied twice due to a lack of clinical support and information. The pain management physician wrote a letter of necessity dated 09/2004 which summarized his current complaints, medications, psychological testing, and prior treatment history.

This injured individual has had extensive pain care over the past two years with no sustained relief. However, his entire and thorough work-up has been negative; there is no discernible reason for his complaints. His physical findings and complaints do not mesh with his extensive diagnostic work-up. He has had aggressive psychology therapy recommended on multiple occasions because of this as symptom magnification and malingering were suspected. This has not been done. The injured individual has no rational explanation for his ongoing pain but does have evidence of psychological and coping disturbances unassociated with his lumbar strain injury of years ago. Therefore, a pain management program is not indicated.

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 Anesthesiologist 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**

**28   day of   December   2004.**

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

**Printed Name of IRO Employee:** \_\_\_\_\_