

# MCMC

## IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

<b>Date:</b>	<b>3/21/05</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-05-0690-01</b>
<b>TWCC #:</b>	
<b>MCMC Certification #:</b>	<b>5294</b>

### **REQUESTED SERVICES:**

Address the prospective medical necessity of the proposed ten sessions of chronic pain management program, regarding the above-mentioned injured worker.

### **DECISION: UPHELD**

---

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 an M2 Prospective Medical Dispute Resolution on 1/25/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

**Ten sessions of a chronic pain management program are not medically necessary.**

### **CLINICAL HISTORY:**

The injured individual is a 60-year-old male with diagnosis of lumbar Failed Back Surgery Syndrome (FBSS). He was admitted to the chronic pain program in 10/2004 with a pain rating of 8/10 on vicodin and relafen and depression/anxiety scores of 7/10. After a total of 17 sessions in one month, his medications were the same, his pain score was improved by one point, and his depression/anxiety by two points. These results are dismal based on the intensity of a chronic pain program. Further treatment would not be warranted.

### **RATIONALE:**

The injured individual is a 60-year-old male with a date of injury (DOI) of \_\_\_\_, which led to lumbar surgery. His orthopedic surgeon wrote on 02/04/2005 that the injured individual had exhausted all possible treatment options and completed a chronic

pain program with no benefit. He had recommended the pain clinic on 08/30/2004 and the injured individual began attending one in 10/2004. After seven sessions, his pain decreased from an 8 to a 7/10; his depression and anxiety scores from 7/10 each to 6/10 each; his medications of vicodin and relafen had not changed. After 17 sessions, these ratings and medications all remained the same but his anxiety/depression decreased to a 5/10. The attending physician (AP) requested ten more sessions. Based on his lack of progress from the beginning, after seven sessions, and more so after seventeen, further pain program is not necessary. In hindsight, based on the orthopedic surgeon's note of 02/2005, the program did not benefit him at all which is not surprising based on his limited progress after the 17 sessions.

**RECORDS REVIEWED:**

- TWCC Notification of IRO Assignment dated 1/25/05
- TWCC MR-117 dated 1/25/05
- TWCC-60 stamped received 1/5/05
- Forte: Notification of Utilization Review findings dated 11/5/04, 9/28/04, 10/19/04, 11/19/04, 9/10/04; EOB reports dated 10/19/04, 11/29/04, 11/1/04, 11/8/04, 11/18/04, 12/6/04
- Flahive, Ogden and Latson: Cover letter dated 2/3/05; Summary of Carrier's Position dated 1/14/05
- International Solution: Health Insurance Claim form dated 9/13/04, 10/5/04, 10/11/04, 10/18/04, 10/27/04, 11/1/04, 11/10/04, 11/15/04
- Positive Pain Management: Pre-authorization request dated 9/10/04, 9/27/04, 10/18/04; Psychological Evaluation Report dated 9/9/04; Overview of Psychophysiological Assessment (undated); Physical Performance Summary Evaluation dated 9/8/04; Request for additional ten days dated 11/1/04; Summary of Biofeedback Treatment/Request for additional ten days dated 11/1/04, Request for additional ten days dated 10/28/04, Request for additional twenty days dated 10/08/04; Physical Performance Summary Eval/ Request for additional twenty days dated 10/7/04; Request for Appeal for Additional ten days of the Chronic Pain Management Functional Restoration Program dated 11/11/04 and 11/30/04
- South Texas Spinal Clinic, PA: Office Visit 2/4/05, 8/30/04, 3/15/04, 9/29/03, 4/14/03
- Sendero Imaging and Treatment Center: MRI of Lumbar Spine with and without contrast dated 4/27/01

The reviewing provider is a Boarded 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**

**21 day of March 2005.**

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

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