

MCMC

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

Date:	3/21/05
Injured Employee:	
Address:	
MDR #:	M2-05-0837-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES:

Review the service in dispute regarding chronic pain management program times 30 sessions.

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 2/24/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The chronic pain program is not medically necessary.

CLINICAL HISTORY:

The injured individual is a 47-year-old male with cervical Failed Back Surgery Syndrome (FBSS) following a prior work injury. He has had no injections or substantial medication management thus far. A pain program is a tertiary level of care utilized when lower levels of care (injections, multiple medications) fail. Also, he has had two forms of treatment with this office thus far with no positive result. These were work hardening, from which he was expected to graduate at MMI, and then individual psych counseling. A pain program incorporates many of these modalities into its structure. The injured individual failed to benefit from their individual components done at this same facility. Therefore, it is unlikely he will benefit from a combination program.

RATIONALE:

The injured individual is a 47-year-old male with date of injury (DOI) of _____. He sustained cervical, rib, and lumbar injuries. He then had cervical surgery in 10/2003. He has been out of work since the DOI. He has had chiropractic, PT, and work hardening. His current medications are motrin, tylenol, and flexeril. His Functional Capacity Evaluation (FCE) of 07/2004 noted he was at a sedentary/light level and his job required medium level. It recommended a course of work hardening (which he did for six weeks) and stated he should be at Maximum Medical Improvement (MMI) upon completion. His work hardening discharge summary of 09/03/2004 stated his pain was 3/10. It did not elicit any other testing parameters or recommendations. After this, he had another FCE on 09/19/2004 which noted his pain score was 8/10 and that he was at light/medium capacity. It recommended individual psychological therapy followed by a chronic pain program. His psych treatment notes state that his pain levels were 5/10 to 3/10 with moderate to severe depression and anxiety despite this treatment. The pain program evaluation of 12/06/2004 notes he had ongoing depression and anxiety, pain 8/10, poor coping skills, and was still on medications of motrin, tylenol, and flexeril. The pain program is denied because this injured individual has failed to benefit from any of their previous recommendations. At first, they recommended work hardening based on the premise that he would be at MMI when it was completed. This did not happen nor did it impact him in any positive way as his pain scores were higher two weeks after completion than at the beginning. The second FCE then recommended psych therapy, which was done for two months. This did little to help his pain or psychosocial function as his pain program evaluation of 12/2004 noted his pain scores were the same and his depression/anxiety continued. He has not been given any psych medications, any narcotic pain medications, or any interventional pain management services like injections to warrant a tertiary level of care (i.e. Pain program). Also, his situation has not benefited from any program recommended and performed by this office thus far, so it is unlikely he will benefit in any way from their pain management program, which is a combination of services, they have already provided.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 2/24/05
- TWCC MR-117 dated 2/24/05
- TWCC-60 stamped received 1/19/05
- Texas Mutual: Utilization Review dated 12/13/04, 12/20/04; Case Summary dated 3/1/05
- Healthtrust: Request for Chronic Pain Management Program dated 12/13/04; Request for Services dated 12/6/04; Office notes dated 10/25/04, 10/11/04, 12/3/04, 12/7/04, 11/8/04, 10/18/04, 10/11/04; Initial Interview dated 9/22/04; Work Hardening Interview dated 7/19/04
- Alivio Treatment Center: Daily Consult dated 11/11/04, 10/11/04, 9/11/04, 8/3/04, 7/2/04, 6/2/04, 4/30/04, 3/2/04, 2/3/04; Functional Capacity Evaluation dated 9/16/04, 7/1/04, 1/6/04, 12/4/03, 10/20/03, 9/15/03, 8/12/03, 7/17/03, 5/19/03, 4/21/03, 3/21/03, 2/21/03, 12/6/02,

- 10/7/02, 11/7/02, 9/6/02, 9/5/02, 8/21/02; Letter of Medical Necessity dated 9/10/04; Work Hardening Program Discharge Progress Report dated 9/3/04; Letter of Necessity dated 7/16/04
- West Texas Neurosurgical Center, PA: Letter to Texas Mutual dated 10/30/04; Follow up visit notes dated 10/6/03
- Eastside Medical Care Center: Designated Doctor Exam dated 3/23/04, 5/27/03
- Open MRI of West Texas: MRI of the Cervical Spine results dated 3/8/04; MRI of the Lumbar Spine without Contrast dated 12/19/02; MRI of the Cervical Spine without Contrast dated 12/9/02; MRI of the left ribs dated 9/3/02
- Jaime Stolar, MD: "Medical Documentation" sheet dated 3/15/04, 2/24/03
- Progressive Diagnostic Imaging, Inc: Radiographic Biomechanical Report of Cervical Spine dated 2/3/04; X-Ray of the Cervical Spine dated 1/6/04; X-Ray of the Thoracic Spine dated 8/6/02
- Providence Memorial Hospital: Operative Report dated 11/20/03
- K. Zolfoghary, MD: Progress Note dated 3/11/03; History and Physical dated 2/10/03
- James Bean, MD: Required Medical Evaluation dated 11/25/02
- Medical Neurological Diagnostics, Inc: Upper Extremity Electrodiagnostic Report dated 11/12/02; Ultrasound Diagnostic Report dated 11/15/02

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 of 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

21st day of March 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____