

MCMC

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

Date:	2/9/05
Injured Employee:	
Address:	
MDR #:	M2-05-0842-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES: Please review the item in dispute to address the prospective medical necessity of the proposed 30 day 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 2/3/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The continuation of the chronic pain program is not medically necessary.

CLINICAL HISTORY:

The injured individual is a 62-year-old female with date of injury of ____, who shortly thereafter underwent bilateral carpal tunnel repairs. Following her injury and subsequent surgery, the injured individual had physiotherapy, which she stated was of great benefit. She then entered work hardening (which contains psychological components) for five weeks, individual psychological treatment and biofeedback for six sessions. She began the chronic pain program in 11/2004 with BDI of nine, pain of 7/10, on lortab twice per day, self-reported anxiety of 7/10, and upper extremity stamina of 20 minutes. After ten sessions, her BDI was seven, anxiety was 6/10, pain was 4/10, lortab was "as needed", and upper extremity stamina increased to 45 minutes. The psychological profile indicates minimal psychological overlay but she does have some functional limitations. Therefore, in light of the prior psychological evaluation and biofeedback, done both before and during the initial pain program, no further such entities are necessary. She does require further restoration of physical function which can be done in another setting which is less intense and does not entail such diverse treatment modalities.

RATIONALE:

When the injured individual entered the pain program, her pain was 7/10; it is now 4/10. Her BDI was nine; it is now seven, which is minimal. There was no BDA but her self-reported

anxiety level went from 7/10 to 6/10. Her medications are motrin with lortab as needed, whereas they were lortab twice per day and naprosyn prior to the pain program. Her functionality has increased with increased stamina and slightly increased ROM. Most if not all of her ongoing limitations are physical not psychological. Therefore, a fully diverse chronic pain program is not required in this situation. The injured individual may require functional restoration, but this can be gleaned outside the realm of a multidisciplinary pain program.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 2/3/05
- TWCC MR-117 dated 2/4/05
- TWCC-60 stamped received 1/25/05
- TWCC-69 dated 5/3/04, 10/25/04
- Concentra: reviews dated 11/22/04, 1/05/05
- White Rock MRI: MRI scan of L Wrist dated 6/10/03, MRI scan of R Wrist dated 6/10/03
- Rehabilitative Medicine Associates: Designated Doctor Exam dated 5/3/04, 10/25/04
- Positive Pain Management, Inc: Psych Eval report dated 9/2/04; Physical Performance Evaluation dated 9/2/04, 11/17/04, 11/30/04; Overview of Psychophysiological Assessment dated 9/2/04; Request for Appeal dated 12/3/04; Request for Ongoing Treatment dated 11/15/04; Summary of biofeedback treatment dated 11/16/04; Progress Notes dated 11/15/04; Daily Assessment Sheets for DOS 11/08/04-11/26/04; Weekly Treatment Planning and Progress Reports dated 11/8/04, 11/22/04, 11/15/04; Testing Summary Report dated 9/2/04, 11/16/04
- Correct Care Clinic: Physical Performance Test dated 9/2/04; Interim PPT dated 11/16/04
- Medway Rehabilitation: FCE dated 7/16/04; Activity Records dated 5/24-5/28/04
- Behavioral Healthcare Associates: Clinical Interview dated 5/27/04
- Julia Gardner, MD: New Patient Consult dated 7/7/03
- Kenneth Lustick, DC: X-ray results R and L wrists dated 6/3/03; MRI of L and R wrists dated 6/6/03

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

9 day of February 2005

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____