

MCMC

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

Date:	4/8/05
Injured Employee:	
Address:	
MDR #:	M2-05-0898-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES:

Review the item in dispute to address the prospective medical necessity of the proposed chronic behavioral pain management times ten sessions, 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 2/11/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The chronic pain management program is not medically necessary.

CLINICAL HISTORY:

The injured individual is a 65-year-old female who sustained non-displaced rib fractures (5th through 9th) on ____.

RATIONALE:

The injured individual has had only physiotherapy (PT) (discontinued due to noncompliance) and some medications, but minimal narcotics, no injections, no psychiatric intervention, no work hardening or work conditioning. She has complained of ongoing pain scores of 7/10, unchanged from the time of injury. She has had PT and medications since then. The PT note of 09/2003 states she was discharged due to noncompliance. An IME of 10/04 declared her at MMI with 0% impairment. As of that time, her bone scan showed continued rib healing and osteopenia (not related to the WC injury). She has taken either no narcotic pain medications or uses lorcet once a day depending on which note is reviewed. She has had no injections or psychological counseling despite multiple IMEs and her chiropractor recommending both. The Attending Provider (AP) is now asking for a chronic pain program due to her ongoing pain, deconditioning and moderate/severe depression. Psychiatric testing reveals moderate to severe levels of depression, which is being treated with zoloft only. She has been on this for years prior to the injury as well so no new antidepressants have been tried. She has not had the opportunity to try lower and probably very relevant levels of care such as intercostal rib blocks, a TENS unit, work hardening, psych intervention, medication management. Therefore, the pain program request is premature.

Also, her current narcotic regimen is lortab once per day, which is a very minimal dose and also negates the need for a pain program, as these are reserved for individuals with high narcotic needs in order to wean them off.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 2/11/05
- TWCC MR-117 dated 2/11/05
- TWCC-60
- TWCC-73s
- Interim TWCC 21s
- TWCC-6
- TWCC-69
- TWCC-53
- TWCC-3
- Health Direct, Inc.: Utilization Review Determinations dated 12/28/04, 1/12/05
- Flahive, Ogden and Latson: letter to MCMC dated 2/25/05; Summary of Carrier's Position dated 2/8/05
- Advantage Health Care Systems: Physical Performance Exam dated 11/3/04; Systems Re-evaluation dated 10/22/04; Daily Progress and Therapy Noted dated 10/19/04 to 11/22/04; Examination Findings dated 10/19/04, 11/16/04; letter to MCMC dated 3/15/05; Evaluation dated 11/19/04; Pre-certification request dated 12/9/04; Request for Reconsideration dated 12/30/04
- Texas Imaging and Diagnostic Center: Bone Scan-Ribs dated 7/1/04; Three Phase Bone Scan dated 11/4/03
- Sherri James, MD: Designated Doctor Evaluation dated 6/10/04, 10/14/04
- WJ Morris, Inc.: Letter to AIG Insurance dated 11/1/04; Attorney's Contract of Employment dated 10/27/04
- Albert Bisson, MD: Review dated 12/9/04
- JC Penney Accident/WC Information Form dated 6/11/03
- Medical Clinic of North Texas, PA: Office Notes dated 6/11/03 to 8/29/03; Telephone Routing Record dated 6/13/03
- HealthSouth: Initial Evaluation dated 7/7/03; Designated Doctor Examination dated 9/12/03;
- John Sklar, MD: Designated Doctor Examination dated 2/4/04
- Albert Hirsch, MD: Return to work letter dated 1/7/04, 11/20/03, 10/13/03, 11/07/03; Surgeon's Report (undated)
- Preferred Open MRI: Bone Density scan dated 10/22/03
- Frisco Medical Center: Patient Registration Forms dated 9/5/03, 6/16/03, 6/12/03; Xrays of Left Ribs dated 9/5/03; Xrays of Right Ankle dated 6/16/03; Xrays of Chest dated 6/12/03, Xrays of Ribs, Unilateral dated 6/12/03, 9/5/03
- Ina Weingarten: letter requesting change of MD dated 10/2/03
- Target Pharmacy: Information sheet for Tramadol dated 8/10/03
- Mental and Behavioral Health Consultation and Progress note dated 2/21/05

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

8th day of April 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____