MCMC

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

Date:	**3/30/05**
Injured Employee:	
Address:	
MDR #:	**M2-05-1085-01**
TWCC #:	
MCMC Certification #:	**5294**

REQUESTED SERVICES:
Review the service in dispute regarding chronic behavioral pain management for 10 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 3/7/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

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

CLINICAL HISTORY:
The injured individual is a 53-year-old male with date of injury (DOI) of ___. He has had excessive passive and interventional care despite his own statements that nothing is helping. For example, a facet injection was done in 12/2002 and, although the he complained of increased pain afterwards, it was repeated in 02/2003. He has seen multiple chiropractors, counselors, pain specialists, and surgeons, all of whom either treated him, ordered tests, or recommended more tests all without any change in his condition. He is lately being recommended for work-up for a posterior fusion. His MRI and EMG are reported as negative by the Independent Medical Examiner (IME), but positive by the chiropractor. The chiropractor referred him to a pain program which began 07/13/2004. After attending ten sessions, his function was noted to be severely limited with little attempt on his part, his medications were unchanged, his pain score, coping score, and severity rating were all unchanged. He has made no progress with any treatment over the past 3.5 years. He definitely made no progress in the 10 pain sessions which are used as a trial to see if more are necessary. He also missed some

days for unknown reasons. Since he failed to improve during the trial phase, continuation is not necessary.

RATIONALE:
Over the course of the last 3.5 years, this injured individual has had multiple treating physicians and been treated with chiropractic care every other week for years, individual counselling for months, multiple ESIs and facet injections with no relief. His pain has been consistently 8-9/10 throughout. He began a chronic pain program on 07/13/2004 taking ultracet and celebrex with pain score 8/10. After 10 sessions, PT declared his "pace practically nonexistent" and stated that there was: "very little attempt/completion of therapy shown by patient." This was on 07/30/2004 because the injured individual had missed some days of service. His medications were the same, his pain score was the same, his severity rating was the same, and his coping level score was the same. He has not benefited in any way from the pain program thus far. However, his chiropractor states on 08/04/2004 after the program that his medications have changed 10% (there is no indication what this means) and that his pain score is 8-9/10, which is what it has been for the past 3.5 years and what it was at the start of the pain program. He has been recommended to have a posterior fusion but that has not been done. He has not shown any clinical change in the pain program thus far, so continuation is not necessary.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 3/7/05
- TWCC MR-117 dated 3/7/05
- TWCC-60
- TWCC Employees Notice of Injury or Occupational Disease dated 8/22/01
- TWCC Employee's Request to Change Treating Doctors dated 9/12/01
- TWCC Statement for Pharmacy Services dated 10/28/01, 10/13/02, 4/25/04, 5/5/04, 8/29/04, 12/19/04
- TWCC-21 dated 3/10/03
- TWCC 41E/S dated 4/15/03
- TWCC-73s dated 8/22/01 to 1/6/05
- Intracorp: Reviews dated 1/10/05, 4/28/04, 6/24/04, 8/5/04, 10/22/04, 1/5/05
- Bexar County Healthcare Systems: Request for Reconsideration dated 1/7/05
- Stone Loughlin & Swanson: Position letter dated 3/11/05
- Radiology Associates: X-ray LS Spine dated 4/23/01; MRI Lumbar Spine with contrast 8/15/02
- John Garcia, MD, PA: letter dated 1/21/02
- Combined Care Health Centers: General Examination form dated 8/22/01; Orthopedic and Neurological Exam form dated 8/22/01; Letter re: muscle stim unit (undated); Office notes from 8/27/01 to 1/6/05

- San Antonio Diagnostic Imaging: Lumbar MRI dated 10/1/01
- The San Antonio Orthopaedic Group: History and Physical dated 10/12/01, Office Notes dated 11/30/01; follow-up note dated 2/1/02, 3/22/02, 6/5/03 and 7/18/03
- San Antonio Musculoskeletal Medicine: Electrodiagnostic Evaluation dated 11/1/01
- SADI Pain Management Center: Consultation dated 11/6/01; Pain Management Procedure Notes dated 11/15/01, 11/29/01, 1/24/02; Office notes dated 11/19/01 to 2/1/02
- Wayne Gordon, MD: History and Physical dated 11/19/01; review dated 1/17/02
- Zurich: Denial letter dated 2/8/02
- San Antonio Chronic Pain Management: Psychiatric Evaluation dated 5/16/02; Progress note dated 2/19/03
- Jed Shay, MD: Initial Exam dated 8/16/02
- Ernest Centeno, MS: Individual Counseling form dated 8/22/02, 9/12/02, 9/27/02, 10/17/02, 10/31/02, 12/18/02
- Texas Case Management: Follow-up note dated 9/17/02, 10/14/02, 10/17/02, 11/21/02, 12/19/02, 1/8/03, 2/13/03, 2/26/03
- San Antonio Work Rehab: Exercise sheets for DOS 9/2/02 to 10/22/02, 11/22/02 to 12/6/02; Physical Therapy Eval dated 11/22/02; Daily Program Notes 7/13/04 to 7/30/04; Exercise flow sheet for 7/13 to 7/16/04
- Health Stats Management: Office Notes 8/6/01 to 8/13/03
- St. Jude Ambulatory Surgery Center: Operative report of ESI dated 10/11/02, 11/15/02, 12/31/02; Lumbar Myelogram with CT Scan dated 2/6/03
- Falcon Medical: letter of necessity dated 11/25/02
- Churchill Evaluation Centers: Medical Evaluation dated 1/2/03 including Review of Medical History and Physical Exam
- Southwest Orthopaedic Group: Review dated 3/11/03
- Christopher Henn, DC: Statement of Medical Necessity dated 5/14/03
- San Antonio Spinal Diagnostics: History and Physical dated 9/22/03
- Alamo Bone and Joint Clinic: Second Surgical Opinion dated 9/25/03; Follow-up Discogram dated 4/12/04; Follow-up visit dated 8/16/04 with X-rays (AP and lateral) of lumbar spine; Follow-up visit dated 9/3/04
- Divine Behavioral Health Clinical and Rehabilitation Psychology: Evaluation dated 4/13/04; Office notes for 7/13 to 7/30/04

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

__30__ day of _____March_____ 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee:_____