

MCMC

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

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|------------------------------|----------------------|
| Date: | 4/28/05 |
| Injured Employee: | |
| Address: | |
| | |
| MDR #: | M2-05-1227-01 |
| TWCC #: | |
| MCMC Certification #: | 5294 |

REQUESTED SERVICES:

Review the item in dispute to address the prospective medical necessity of the proposed chronic pain management

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 3/31/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The requested chronic pain management program is not medically necessary.

CLINICAL HISTORY:

The injured individual is a 49-year-old male with low back pain after his date of injury (DOI) of _____. He reportedly feels his 1987 lumbar fusion was affected and expresses a desire for reoperation. This is supported by a surgical consult in 05/2003, which recommended a discogram and bariatric surgery. An MRI in 12/2002 showed severe disc collapse, facet arthropathy and a mild bulge at L3/4. Thus far in his treatment, he has had PT, medications (flexeril and vicoprofen both twice/day), and epidural steroid injections (ESI) with ongoing pain and decreased function. His pain score remains at 6/10. He is severely deconditioned due to his chronic problem, his prior surgery, and his weight. He has not attended work hardening or psych therapy to address his diagnosed depression or anxiety, nor has he had any medication management for this. Finally, he has not followed through on his desire for surgical intervention or fulfilled the recommendations of the surgical consult to determine his candidacy.

RATIONALE:

The injured individual had a surgical evaluation in 05/2003 which recommended a discogram as his MRI showed significant disc space collapse and his EMG showed bilateral L5 and S1 radiculopathies. The spine surgeon also recommended a gastric bypass surgery. There is no follow-up to any of this and notes indicate surgery after his injury was never done. He then had a physical performance test in 11/2004 which showed severe deconditioning and exercise intolerance. He is required to lift 50 lbs. at his prior job and can only lift 13 lbs. maximum. The physician who did this test recommended a return to work (RTW) rehabilitation program. He then had a pain program evaluation in 11/2004 which states the his goals are to lose weight (he weighs 344 lbs) and have surgery to repair the fusion. The note states his goals are rational but not realistic. His current medications are vicoprofen and flexeril with pain score 6/10.

He is diagnosed with depression and anxiety with BAI 18 and BDA 25. The evaluation recommends a 30 day pain program due to poor coping skills, overuse of medication (dosages not listed but another physician's note dated 11/2004 indicates his maximum dosage was two per day of each), depression, anxiety. There have been no lower levels of appropriate care such as psych intervention or psych medication, a RTW rehabilitation, or an attempt at weight loss. There has been no follow-up to his surgical consult and surgeon's recommendations. The pain program is denied for the above reasons.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment
- TWCC MR-117
- TWCC-60
- TWCC-73
- TPA for American Home Assurance: Appeal Denial letter dated 2/28/05; Denial letter dated 1/28/05
- Fort Worth Healthcare Systems: Request for Reconsideration dated 2/4/05; Precertification Request dated 1/24/05; Physical Performance Exam dated 11/2/04; Evaluation dated 11/2/02
- Flahive, Ogden and Latson: letter to MCMC dated 4/11/05; Summary of Carrier's Position dated 3/18/05
- Advantage Health Care Systems: Examination and Findings dated 11/17/04
- Oak Park Pain Management Group: Operative Reports for DOS 2/13/03, 2/6/03, 1/16/03
- Occupational Health Solutions: Office Notes dated 6/24/02 to 10/12/04
- Texas Back Institute: Initial Consultation dated 5/19/03; History and Physical dated 3/17/03
- DBC America: Initial Baseline Summary Report dated 3/25/03; Office Notes dated 3/27/03 to 4/29/05
- Monticello Diagnostic Imaging: Report of MRI lumbar spine dated 12/4/02

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 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

28th day of April 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____