

# MCMC

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

<b>Date:</b>	<b>5/16/05</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-05-1468-01</b>
<b>TWCC #:</b>	
<b>MCMC Certification #:</b>	<b>5294</b>

### **REQUESTED SERVICES:**

Review the request for approval for chronic pain management for ten sessions.

### **DECISION: UPHELD**

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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 4/20/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

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

### **CLINICAL HISTORY:**

The injured individual is a 50-year-old male with a minimally traumatic work injury in addition to a history of a major MVA which had produced known back pain. There are no radiological studies for review dated prior to his Workers' Compensation (WC) injury, but the studies post-WC injury show a bulge at L4/5, a normal discogram, and an EMG with L5 radiculopathy. He has had only physiotherapy (PT) and work hardening. Epidural steroid injections (ESI) were recommended but not done. He had two Functional Capacity Examinations (FCE) and Independent Medical Examinations (IME) which both recommended return to work, as his job was sedentary and he tested above this in function. He takes only two ultracet a day and zanaflex. While he tested positive for symptoms of anxiety and depression, these problems have not been addressed with medications or therapy. He is not a candidate for a pain program as he has not demonstrated trying applicable lower levels of care (ESIs and psychology), nor is he prevented from returning to his old position due to functional limitations.

### **RATIONALE:**

The injured individual is a 50-year-old male with date of injury (DOI) of \_\_\_\_.  
The mechanism of injury was that the he was bending over to plug in an appliance and a coworker pushed on his back when he tried to get up. He has had PT, medications, and work hardening thus far. He had co-morbid problems of a prior car accident in 1998 (which left him with a significant back injury), two myocardial infarctions, kidney

and liver problems. He takes two ultracet a day and zanaflex. He had one month of PT, a negative discogram, a positive EMG for left L5 radiculopathy and an MRI which showed a bulge at L4/5. He was supposed to have ESIs, but never did. He had an IME in 08/2004, which recommended return to work, based on a prior FCE of 01/2004. It is noted the he works at a sedentary job. A second IME was done in 01/2005, which noted that the injured individual was treated with PT for a month and then told to return to work, which he refused to do, and was laid off. He was seen in 02/2005 for a pain program evaluation. Testing revealed BDA of 35 (severe anxiety), Hamilton depression of 16 (moderate), pain score 8/10 constantly, and sleep at 2-4 hours per night. A pain program was recommended. A second FCE was done, which stated his job was sedentary and he was capable of light duty.

The pain program is denied for multiple reasons. First, his mechanism of injury was insignificant compared to his prior "car wreck" which is known to have caused him severe back problems. Second, the he is taking minimal medications and no narcotics to justify requiring the detox capabilities of a pain program. Third, his FCEs have shown he is capable of returning to work at his original sedentary profession. Finally, even if some of his back pain is attributable to his DOI, he has failed to have the recommended treatment of ESIs or any psychological intervention to deal with his ongoing pain and poor coping skills.

**RECORDS REVIEWED:**

- TWCC Notification of IRO Assignment
- TWCC MR-117
- TWCC-60
- TWCC-69s
- Texas Mutual: Case summary dated 4/21/05; Determination letters dated 2/14/05, 3/7/05
- Valley Total Healthcare Systems: Precertification request dated 2/8/05; Evaluation dated 2/3/05; Examination dated 2/3/05
- Peter Robinson, MD: Designated Doctor Examination dated 1/5/05
- Rio Grande Valley Orthopedic Center: Office Notes dated 12/11/03 to 12/14/04
- Ikonku Medical Center: Progress Notes dated 11/18/03 to 12/3/03
- McAllen North Imaging, Inc: Report of Enhanced CT Myelogram dated 10/4/04; Nonenhanced CT of the LS Spine dated 4/15/04
- Surgery Center for Interventional Pain Management, PA: Report of Myelogram under fluoroscopy and Post-myelogram CT of the lumbar spine dated 10/4/04
- Center for Pain Management: Office note dated 9/2/04
- South Texas Neurological Center: Results of EMG Examination and Nerve Conduction Velocity studies dated 8/16/04,
- Ortho Sports, Inc: Nerve studies dated 8/16/04
- William W. Smith, MD: Designated Doctor Examination dated 8/6/04
- Renaissance Surgery Center: Operative Report dated 4/15/04

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**

**16<sup>th</sup> day of May 2005.**

**Signature of IRO Employee:** \_\_\_\_\_

**Printed Name of IRO Employee:** \_\_\_\_\_