

MCMC

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

Date:	06/13/2005
Injured Employee:	
Address:	
MDR #:	M2-05-1498-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES: Thirty-day chronic pain management program.

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 06/13/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The denial of the proposed 30-day chronic pain management program was upheld.

CLINICAL HISTORY:

The injured individual is a 47 year old female with a date of injury of _____. The injured individual had a minor work-up after this (X-rays only) and was given a sling, medications, and PT. She fell on her left side at work. She had an MVA in 12/2004 and surgery prior to this date of injury. She has never had injections per her PCP although the pain referral states she did, but does not elucidate what they were. She has not had work hardening or work conditioning. She has not had psychological therapy for her moderate anxiety although her depression is minimal.

RATIONALE:

The injured individual is a 47 year old female with a date of injury of _____ when she fell getting up from her desk followed by an MVA in 12/2004 and preceded by a lumbar surgery and a carpal tunnel release in 1998. After her Workers' Compensation date of injury, her left arm was placed in a sling, she had X-rays and physical therapy (PT) according to her PCP, Dr. Valdez. However, according to the pain consult dated 01/2005, by Dr. Zeigler, she had an MRI, injections, and PT with no relief. After the MVA she had more conservative care. Her pain consult found her to have minimal depression (BDI 16), moderate anxiety, coping difficulties, decreased functionality. A comprehensive pain program was recommended. This is not reasonable for multiple

reasons. First, the injured individual has not even tried lower levels of care such as work hardening, work conditioning, psych therapy, or injections (per her PCP). Secondly, she has multiple reasons for having ongoing pain, not just her Workers' Compensation (WC) injury. Her WC injury was treated conservatively and not extensively worked up indicating it was a relatively minor injury. There is no support for her current symptoms and complaints based on this minor fall five years ago when the injured individual has a history of prior surgeries and a subsequent MVA.

RECORDS REVIEWED:

- IRO Medical Dispute Resolution (M2) Prospective (Pre-Authorization or Concurrent Rev.) dated 05/10/05
- TWCC Notification of IRO Assignment dated 04/28/05
- TWCC MR-117
- TWCC-60
- UniMed Direct LLC: Review Determinations dated 03/25/05, 02/18/05, 01/03/05
- Positive Pain Management, Inc.: Pre-authorization Requests dated 03/21/05 and 03/11/05
- UniMed Direct LLC: Pre-Authorization Intake Form dated 03/11/05
- Positive Pain Management, Inc.: Letter from Dr. Caruso dated 02/28/05
- Positive Pain Management, Inc.: Individualized Treatment Plan from Dr. Stephenson dated 02/15/05
- Positive Pain Management, Inc.: Psychological Evaluation Report from Dr. Ziegler dated 01/04/05
- Positive Pain Management, Inc.: Physical Performance Summary Evaluation from Dr. Stephenson dated 01/04/05
- International Institute of Pain Management: Report from Dr. Valdez dated 12/21/04
- Positive Pain Management, Inc.: Referral note dated 11/09/04
- Dr. Anthony Valdez: Progress Notes dated 09/23/04, 09/30/04, 10/07/04, 10/28/04
- Employee's Request to Change Treating Doctors dated 09/01/04
- Positive Pain Management: Overview of the Psychophysiological Assessment from Ms. Weakley (undated)

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 of 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

13th day of June 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____