

# MCMC

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

<b>Date:</b>	<b>10/13/2005</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-05-1734-01</b>
<b>TWCC #:</b>	
<b>MCMC Certification #:</b>	<b>IRO 5294</b>

### REQUESTED SERVICES:

Review the item(s) in dispute: Please address prospective medical necessity of the proposed ten day trial of a Chronic Pain Management Program (CPMP).

### DECISION: Upheld

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IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 10/13/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Uphold denial for the Chronic Pain Management Program ten day trial as not medically necessary.

### CLINICAL HISTORY:

The injured individual is a 47 year old female with date of injury \_\_\_\_\_. The injured individual has had many forms of conservative care with some residual functional deficits although the functional capacity exam (FCE) is 9 months old. She has minimal psychological issues and no narcotic dependence. At most, she would require some additional physical reconditioning. She does not require the services of a multidisciplinary comprehensive pain program as her psychological and medical issues are non-existent and do not require treatment.

Bonica, JJ ed. The Management of Pain. Third Edition. Copyright 2000.

### RATIONALE:

The injured individual is a 47 year old female with date of injury \_\_\_\_\_ and complaints of thoracic and low back pain. The injured individual had chiropractic care, 4 weeks of work hardening, psychiatric, and biofeedback treatment. She was deemed nonsurgical and a pain program was requested in 02/2005. At that time she was taking Paxil, Naproxen, and Robaxin but no narcotics and reported a pain score of 2/10. Her pain was also reported to be 2/10 in 12/2004.

Her last functional capacity exam (FCE) of 01/2005 after her psychiatric/biofeedback and work hardening treatment indicated she failed to meet her job's medium demand work level as she was at light capacity. The pain program was denied as the injured individual had good physical function and her self-reported levels of depression and anxiety actually increased after 6 psychiatric/biofeedback sessions. Her BDI and BDA testing before the psychiatric therapy was 4 and 7 respectively in 10/2004 and was 9 and 6 after therapy. Both values are in the mild range. The pain program is denied because the injured individual does not require a multidisciplinary approach; her levels of depression and anxiety are minimal, she is taking no narcotics to require their medication management or weaning, and her pain scores are consistently 2/10.

**RECORDS REVIEWED:**

- TWCC Notification of IRO Assignment dated 05/20/05
- MR-117 dated 05/09/05
- MR-100 dated 05/09/05
- TWCC-60
- MCMC: IRO Medical Dispute Resolution (M2) Prospective dated 09/26/05
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization letter dated 05/23/05
- Flahive, Ogden & Latson: Letter dated 05/27/05 from S. Rhett Robinson
- Flahive, Ogden & Latson: Letter dated 05/17/05 from Gregory Solcher
- Active Behavioral Health & Pain Rehab: Requestor's Position on Pre-Authorization dated 04/25/05 from Phil Bohart, MS, CRC, LPC, Clinical Director
- Rita Hlister, Utilization Review Nurse: Letter dated 04/05/05
- Active Behavioral Health & Pain Rehab: Chronic Pain Management Summary Requests dated 03/31/05, 03/25/05 from Claudia Ramirez, MA, LPC-Intern, Behavioral Medicine Consultant
- Concentra: Letter dated 03/04/05 from Jennifer Cicero, Utilization Review Nurse
- Summit Rehab Center: Letter of Medical Necessity dated 02/25/05 from Marivel Subia, DC
- Andrew B. Small, III, MD: Office notes dated 02/24/05, 01/06/05, 01/04/05, 12/16/04, 12/09/04
- Request for Chronic Pain Management Evaluation & Assessment dated 02/04/05
- Active Behavioral Health & Pain Rehab: Referral form dated 01/26/05
- ERGOS Evaluation Summary Report dated 01/25/05 from Robert Peterson, DC
- ERGOS Supporting Data Report dated 01/25/05 from Dr. Peterson
- Physical Examination/Neurological Evaluation of FCE dated 01/25/05
- Active Behavioral Health & Pain Rehab: Initial Behavioral Medicine Consultation dated 10/18/04 from Claudia Ramirez, MA, LPC-I and Phil Bohart, MS, CRC, LPC
- Andrew B. Small, III, MD: Initial consultation dated 09/23/04
- Clinical Notes, Initial Examination dated 09/22/04 from Marivel Subia, DC
- Patient Profile for the period 01/01/04 to 12/31/04

The reviewing provider is a **Licensed/Boarded Pain Management/Anesthesiologist** and certifies that no known conflict of interest exists between the reviewing **Pain Management/Anesthesiologist** and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

### **Your Right To Appeal**

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

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**

**13<sup>th</sup> day of October 2005.**

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

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