

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-05-9434.M2**

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

Date:	08/11/2005
Injured Employee:	
Address:	
MDR #:	M2-05-1989-01
TWCC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Pre-authorization denied for chronic pain management.

DECISION: Upheld

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 08/11/2005 concerning the medical necessity of the above referenced requested service, hereby finds the following:

The denial of the eight additional pain management sessions is upheld.

CLINICAL HISTORY:

The injured individual is a 56-year-old male with a DOI of _____. The injured individual was noted to be performing multiple tasks on video surveillance his MD does not feel he could do. He was also determined to have a 0% impairment rating in January 2005. He entered a pain program in April 2005 with BDI 17 and Hamilton depression score of 22. He was on Vicodin PRN and Celexa. He supposedly markedly improved to a state of "negligible depression" but when an additional 8 sessions were denied, became a suicidal threat.

If the injured individual decompensated this quickly despite participating in a full pain program, he would decompensate as soon as more sessions were over. He either did not benefit from the program at all or his situation is exaggerated.

RATIONALE:

The injured individual is a 56-year-old male who had 20 pain sessions for low back pain and depression associated with chronic pain. He had ESIs and facet injections. His job is described as a water well operator with occasional heavy duties. He had been made

MMI in January 2005 with 0% impairment rating. He had a video surveillance in November 2004 which showed him dragging plywood, squatting to move tools, and working on his car. Despite these findings, he had a pain program evaluation in February 2005 which noted his BDI to be 17. His prior BDI in March 2004 was 16 with a Hamilton depression rating of 22.

He entered the pain program on Vicodin prn and Celexa. After 20 sessions, he was only on Celexa, his Hamilton score was still 22, and his depression was noted to be "close to negligible levels" on 04/28/2005. After a denial of an additional eight sessions, the MD now states the injured individual is at risk for suicide due to the denial, has begun a new antidepressant, his BDI is 22, and although the injured individuals pain levels are decreased, "self reported pain levels are an unimportant marker."

The additional eight pain sessions are not reasonable as the injured individual either decompensated markedly after a full pain program which means it did not help him or his depression was never addressed although the pain progress notes state he improved markedly. Also his MMI rating and video surveillance question his findings.

RECORDS REVIEWED:

- Pride Program literature
- Letter from Tom G. Mayer, dated 07/15/2005
- Letter from Peter B. Polatin, dated 07/12/2005
- Letter from Tom G. Mayer, dated 07/12/2005
- Letter from Peter B. Polatin, dated 06/07/2005
- Letter from Tom G. Mayer, dated 05/26/2005
- Letter from Tom G. Mayer, dated 05/24/2005
- Letter from Peter B. Polatin, dated 05/24/2005
- Letter from Tom G. Mayer, dated 05/20/2005
- Letter from Tom G. Mayer, dated 05/17/2005
- Letter from Tom G. Mayer, dated 05/11/2005
- Letter from Tom G. Mayer, dated 05/03/2005
- Letter from Tom G. Mayer, dated 04/28/2005
- Letter from Tom G. Mayer, dated 04/20/2005
- Letter from Tom G. Mayer, dated 04/13/2005
- Letter from Tom G. Mayer, dated 03/30/2005

- Letter from Tom G. Mayer, dated 03/30/2005
- Letter from Tom G. Mayer, dated 03/17/2005
- Letter from Tom G. Mayer, dated 03/10/2005
- Letter from Tom G. Mayer, dated 02/23/2005
- QFE Evaluation 03/10/2005
- OT Initial Evaluation – no date
- PT Initial Evaluation – no date
- Mental Health Evaluation – 03/10/2004
- Letter of Ranil Ninala – no date
- MRI Group Report - Examination of the Lumbar Spine – 08/21/2004
- CARF Letter and documents– 06/19/2002
- Letter from Flahive, Ogden, & Latson – 07/08/2005
- Letter from Flahive, Ogden, & Latson – 06/08/2005
- Non-Authorization Notice from Zurich Services Corporation
- Notification of IRO Assignment
- TWCC MR – 117
- TWCC 60 Form
- Pride Concurrent Review Form

The reviewing provider is Boarded in Anesthesiology 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. The reviewing physician is on TWCC's Approved Doctor List.

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

12th day of August 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____