

MCMC

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER: SOAH DOCKET NO. 453-05-9318.M2

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

Date:	08/17/2005
Injured Employee:	
Address:	
MDR #:	M2-05-2050-01
TWCC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES: Pre-authorization request for 10 days of 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 08/17/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Uphold denial for pre-authorization request for 10 days of chronic pain management.

CLINICAL HISTORY:

The injured individual is a 33 year old female with back and right shoulder pain. The injured individual appears to be disabled due to cardiac status and cannot participate in active rehabilitation. Injections were suggested but there is no indication they were tried. The injured individual has had biofeedback; there is no indication if she had psychiatric therapy or if it helped. A chronic pain program is a tertiary level of care. This combines active rehabilitation with psychiatric and biofeedback therapies. Since the injured individual cannot participate in active rehabilitation due to medical issues and has already had biofeedback, engaging in a chronic pain program is not warranted as she cannot participate in or does not require all its components. Also, there is no indication she has tried all reasonable lower levels of care.

RATIONALE:

The injured individual is a 33 year old female with date of injury _____. The injured individual injured her back and right shoulder. The injured individual had a negative x-ray and MRI of the

shoulder in 06/2003. Lumbar x-rays showed no instability. Thoracic CT done 02/2004 showed minimal degenerative changes with history of cardiac stent, cardiomegaly, and severe coronary atherosclerosis. She then had a motor vehicle accident (MVA) in 12/2004, which was not work-related and fractured her right humerus, which required surgery. She was seen by chiropractors and multiple physicians. Her orthopedic surgeon began treatment in 11/2003. He notes the injured individual is status post quadruple cardiac bypass surgery in 2001 with stents in 2003. She was on Mobic and lorazepam for her pain issues. She was obese. He gave her Norco, Neurontin, and continued the Mobic. His diagnoses were costovertebral syndrome and right sacroiliac (SI) dysfunction. She was not a candidate for manipulation of her chest wall due to the stents, physical therapy (PT) had been ineffective, and a right SI injection was suggested. By 06/2005, there is no mention of any prior injection treatment, the orthopedic surgeon notes her pain is uncontrolled on multiple narcotics, and he states she was approved to attend a chronic pain program at Dallas Spine Rehabilitation but could not attend due to cardiac issues. He notes she will not be able to participate in physical activities of a pain program due to her cardiac issues but recommends a pain program anyway. An independent medical exam (IME) was done in 02/2005 but was not complete secondary to her post-MVA pain. Another IME was done on 04/04/2005. She was noted to be currently receiving biofeedback and spinal rehabilitation. The injured individual was not felt to be at maximum medical improvement (MMI) as she was receiving these therapies. Pain management programs have been denied since 12/2004 multiple times due to a lack of lower levels of care, improvement with psychiatric and biofeedback, and the injured individual's somatoform disorder.

There is no indication the injured individual has tried or failed all conservative therapy or psychiatric therapy. The orthopedist notes indicate the injured individual cannot participate in functional restoration components of a pain program due to her cardiac status. This would leave psychiatric and biofeedback components only. Repeating these under a chronic pain program is not warranted.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 07/15/05
- MR-117 dated 06/23/05
- TWCC-60
- TWCC-69
- MCMC llc: IRO Medical Dispute Resolution Prospective dated 07/20/05
- Flahive, Ogden & Latson: Letter from Gregory Solcher dated 07/20/05
- MCMC llc: IRO Acknowledgement and Invoice Notification Letter dated 07/18/05
- Dallas Spinal Rehabilitation Center: Reports from Tommy Overman, Ed.D dated 07/11/05, 06/13/05
- Flahive, Ogden & Latson: Letter from Charles Finch dated 07/05/05
- CORVEL: Letter from Lisa Robinson, RN dated 06/29/05
- CORVEL: Reports dated 06/08/05, 06/01/05, 04/06/05
- Dallas Spinal Rehabilitation Center, Inc: Pre-Authorizations for Chronic Pain Management dated 06/02/05, 12/03/04
- Churchill Evaluation Centers: Letter from Akber Ashraf, MD dated 04/04/05

- Akber Ashraf, MD: Review of Medical History and Physical Examination dated 04/04/05
- Texas Back Institute: Follow-up Progress Notes from Sid Bernstein, DO dated 03/15/05, 10/05/04
- Texas Back Institute: History and Physical Examination from Darran Marlow, DC dated 11/20/03
- Texas Back Institute: Radiology Review from Dr Marlow dated 11/20/03
- Texas Back Institute: Workers' Compensation History and Physical from Dr. Bernstein dated 11/19/03
- Petition from American Home Assurance Company (form not completed, signed or dated)
- DRI: CLE Seminars and Events (undated)
- Record: 1 - Efficacy of multidisciplinary pain treatment centers
- Article entitled, "Behavioral and Cognitive-Behavioral Treatment for Chronic Pain
- Article entitled, "Treatment of Chronic Pain Sufferers-An antidote to Mural Dyslexia

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 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

17th day of August 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____