

MCMC

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

Date:	09/27/2005
Injured Employee:	_____
Address:	_____
MDR #:	M2-05-2196-01
TWCC #:	_____
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization request for outpatient work conditioning program for 30 sessions.

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 09/27/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Uphold the denial for work conditioning program for 30 sessions.

CLINICAL HISTORY:

Records indicate that the injured female individual reported a work related incident that allegedly occurred on or about _____. The history reveals that she was reportedly emptying a deep fryer in a restaurant when she felt a pop in her neck. There was also a reported injury to the lumbar spine although the mechanism of injury is not revealed in the submitted documentation. The initial course of treatment is not clear, however electromyogram (EMG) examination noted a bilateral C7 involvement. MRI of the cervical spine revealed a multiple small protrusions most notably at C6/7. A cervical discogram was completed on 02/27/2002. Anterior disc fusion was performed on 03/15/2002. Follow-up electrodiagnostics on the cervical spine and upper extremities on 03/19/2002 indicated continuing neurological deficits. A lumbar MRI dated 10/04/2003 revealed a bulge at L4/5. Follow-up electrodiagnostics dated 10/27/2003 in the lumbar spine and lower extremities showed radiculopathy. An MRI of the left shoulder revealed a tear of the supraspinatus tendon and surgery was performed in 11/2003. Lumbar spine discectomy with interbody fusion was performed on 04/26/2004. A second shoulder surgery was performed on 02/17/2005 with follow-up rehabilitation. The injured individual has also participated in as many as 23 sessions of chronic pain management (CPM). Over 60 different providers have participated in this case.

REFERENCES:

References utilized in this review include but are not limited to the ACEOM Guidelines, Health Care Guidelines by Milliman and Robertson Volume 7, North American Spine Society Guidelines, Texas Medical Fee Guidelines and Procedural Utilization Guidelines.

RATIONALE:

While the submitted records are incomplete, from a review of the submitted documentation the injured individual has participated in an extensive course of physical therapy to include home based therapy, supervised active and passive care, and therapy within the confines of a 23 session course of chronic pain management. Over 60 different providers have participated in this case. Given the extensive course of therapy attended to date and the apparent and reported lack of success of these programs, there are no clear reasonable expectations of additional therapeutic relief with the application of additional physical therapy. Additionally, the injured individual has participated in 23 sessions of a CPM program. A CPM program is a tertiary level return to work program that is utilized when all other lower forms of care have been exhausted and deemed unsuccessful. There is no stated reason within the documentation that indicates why this particular injured individual would participate in a chronic pain management program and then need to participate in a lower level type care like work conditioning. Further, it is apparent that, as shown through serial PPE examinations, during the course of home therapy and presumably some additional active and passive care in a clinical setting, that physical therapy was proving to be ineffective for this injured individual. Lastly, the documentation indicates that the injured individual has exhibited psychosocial issues that could be a threat to this type of treatment. Depression and anxiety have been shown to be detrimental to the success of work conditioning and for that reason, in cases such where there is documentation of psychosocial issues, work hardening is generally considered a more appropriate request. As such, the medical necessity for work conditioning is not established.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 08/10/05
- TWCC MR-117 dated 07/25/05
- TWCC-60
- TWCC-69
- TWCC-53 dated 07/25/05
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 08/10/05
- MCMC: IRO Medical Dispute Resolution Prospective dated 09/16/05
- Texas Mutual: Letter dated 09/01/05 from LaTreace Giles, RN, Sr. Medical Dispute Analyst
- San Antonio Spine and Rehab: Summary – TWCC 60 dated 07/07/05 from Joe Flood, DC
- Texas Mutual: Letters dated 06/16/05, 06/28/05 from Cathleen Everett, LVN, preauthorization Nurse
- Interventional Pain Management Physicians: Consultation dated 06/30/05 from Urfan Dar, MD

- Central Texas Chiropractic & Nutrition Clinic: Report dated 06/24/04 from Christopher Baker, MS, DC
- San Antonio Spine and Rehab: Reconsideration for Work Conditioning dated 06/21/05 from Joe Flood, DC
- San Antonio Spine and Rehab: Physical Performance Evaluation dated 06/02/05 from Joe Flood, DC
- Javier G. Reyes, MD: Letter dated 05/06/05
- Initial Medical Report dated 07/03/00
- TWCC: Undated form letter addressed "To Whom It May Concern"
- Undated listing of medical providers for patient

The reviewing provider is a **Licensed/Boarded Chiropractor** and certifies that no known conflict of interest exists between the reviewing **Chiropractor** 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

27th day of September 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____