

# MCMC

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

<b>Date:</b>	<b>10/10/2006</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-06-1999-01</b>
<b>DWC #:</b>	
<b>MCMC Certification #:</b>	<b>IRO 5294</b>

### REQUESTED SERVICES:

Please review the item(s) in dispute: Denied for trigger point injection times one.

### DECISION: **Upheld**

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IRO MCMCllc (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 10/10/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The one set of trigger point injections (TPIs) is not medically necessary.

### CLINICAL HISTORY:

The injured individual is a 50 year old female with date of injury 1993. The injured individual had Carpal Tunnel Release (CTR) in 10/1994 and a DeQuervain release in 01/1995. She has complained of ongoing left arm pain since then despite TPIs, Botox, medications, two spinal ganglion blocks, an interscalene block, cervical epidural steroid injections (ESIs), massage treatment, and physical therapy (PT). The attending physician (AP) has noted multiple times that the injured individual got either no relief or very short term relief from prior TPIs into this area. The injured individual has had Independent Medical Exams (IMEs) since 1995 and all of these felt the treatment was excessive and not supported.

### REFERENCES:

- Bonica's Management of Pain. Third Edition. Copyright 2000.
- ACOEM Guidelines. Copyright 2004. Pages 300 and 309.

### RATIONALE:

The injured individual is a 50 year old female with a 13 year old injury involving her left forearm. The injured individual had two surgeries for this problem but continues to have left hand and arm pain and now neck and shoulder pain. She has had surgery, TPIs, Botox, cervical

ESIs, SGbs, interscalene blocks, medications, massage, PT, and work hardening all without any lasting relief. The AP stated multiple times that TPIs either failed, lasted a week or two, and were overall less successful in terms of longevity than Botox injections. He is appealing a denial for more TPIs. These injections have proven to be short lived in the past or even to have had no benefit. It is not reasonable to repeat a short term treatment which has been done numerous times without any long term or sustained benefit. Also, the injured individual has had numerous independent IMEs over the past 13 years. All of them felt the injured individual has had excessive treatment for a non-responding injury.

**DATES RECORDS RECEIVED:**

Medical received 09/25/2006.

**RECORDS REVIEWED:**

- Notification of IRO Assignment dated 09/12/06
- MR-117 dated 09/12/06
- DWC-60
- DWC-69: Report of Medical Evaluation dated 09/14/95
- DWC-1: Employer's First Report of Injury Or Illness for DOI 09/03/93
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 09/13/06
- Beverly L. Vaughn, Attorney-At-Law: Letter dated 09/22/06
- Highlands Insurance Company: Check dated 09/18/06
- Ronald Buczek, D.O.: Letter dated 08/15/06
- Jessica Crews, LPN, Utilization Review Nurse: Letter dated 08/04/06
- Texas Evaluation Center of San Antonio: Letter dated 10/14/05 from Charles Kennedy, M.D.
- Carrasco Pain Institute: Operative Reports dated 06/16/05, 05/19/05, 05/05/05 from A. T. Carrasco, M.D.
- Mark Henry, M.D.: Records Submitted for Review letter dated 06/14/05
- Mark Henry, M.D.: Report dated 05/02/05
- Carrasco Pain Institute: Follow Up Examination notes dated 02/24/05 through 09/12/06 from A. T. Carrasco, M.D.
- Texas Pain Institute: Operative Reports dated 12/09/04, 03/25/04 from A. T. Carrasco, M.D.
- C&H Medical Solutions: Chart Review dated 08/31/01 from Theodore Parsons, III, M.D.
- Robert Ong, M.D.: Reports dated 05/25/99, 01/12/97
- McKenna Memorial Hospital: Radiology Report dated 03/12/99 from Fernando Bazan, M.D.
- Specialty Surgery and Pain Center: Operative Reports dated 10/29/98 through 09/25/03 from A. T. Carrasco, M.D.
- Texas Pain Institute: Letters dated 01/27/98, 08/20/96 from A. T. Carrasco, M.D.
- PHM: Concurrent Review Report Pain Management dated 01/12/98 from Christi Maynard, Case Administrator
- Seton Northwest Hospital: Operative Report dated 10/07/97 from Rajat Gupta, M.D.
- PHM: Request for Concurrent Review dated 09/11/96 from Don Dunlap, D.O.
- PHM: Letter dated 07/14/96 from Marvin Chang, M.D.

- South Texas Ambulatory Surgery Hospital: Operative Reports dated 06/12/96, 12/14/95, 11/09/95, 11/02/95 from Arnulpo Carrasco, M.D.
- Texas Pain Institute: Follow-Up Examination notes dated 11/28/95 through 11/11/04 from A. T. Carrasco, M.D.
- San Antonio Impairment Center: Report dated 09/15/95 from Marc Taylor, M.D.
- Handwritten doctor's notes dated 09/14/95 (two – Figure 1 at top)
- Advanced Medical Imaging: Radiology report dated 12/12/94 from Darlene Metter, M.D.
- Undated, Unsigned Carrier's Position Statement

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 the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision 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 Department of Insurance Division of Workers' Compensation  
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**  
    \_\_\_10<sup>th</sup>\_\_\_ day of \_\_\_\_\_September\_\_\_\_\_ 2006.

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

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