

MCMC

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

Date:	10/28/2005 Amended 11/04/2005
Injured Employee:	
Address:	
MDR #:	M2-06-0084-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Per-authorization request for series of two cervical epidural injections with fluoroscopy and four to six trigger point injections two visits for two weeks.

DECISION: Upheld

IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance Division of Workers' Compensation 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 10/28/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Uphold denial of both the cervical epidural steroid injections (ESIs) and trigger point injections (TPIs) as not medically necessary.

CLINICAL HISTORY:

The injured individual is a 51 year old female with date of injury 11 years ago. Despite a completely negative physical exam (PE), MRI, and EMG, the injured individual has been treated for the past 10 years or so with an excessive amount of injections aimed at her cervical spine. Most of these injections have been done by Dr. Carrasco. The injured individual has not shown any benefit nor any attempted to return to work (RTW). Multiple independent medical exams (IMEs) have criticized this treatment as being excessive and unsupported. That is my opinion also based on her chronicity, lack of improvement with treatment, and negative clinical and radiologic findings.

REFERENCE:

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

RATIONALE:

The injured individual is a 51 year old female with date of injury _____. The injured individual's cervical MRI and EMG were both negative. She had two surgical consults who found no clinical

evidence of radiculopathy or neuropathy. She had cervical ESIs in 1995 which failed to help; she then went on to have 20 more over the ensuing 10 years all with no indication of relief. She also had multiple TPIs and botox over the past 11 years, again with no sustained relief. She has had cervical facet injections and multiple rounds of physical therapy. She has had most of these injections with Dr. Carrasco since 1997. Multiple IMEs have refuted the necessity for any of these injections or their continuation. Based on her negative work up, lack of clinical support, and lack of improvement after 11 years of this treatment, no further injections are warranted.

RECORDS REVIEWED:

- DWC Notification of IRO Assignment dated 09/29/05
- MR-117 dated 09/29/05
- DWC-60
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 09/29/05
- Stone, Loughlin & Swanson, LLP: Letter dated 10/06/05 from Jane Lipscomb Stone
- Notice of Pre-Authorization: Letters dated 08/26/05, 08/19/05
- Review Med: Medical Record Review dated 08/11/05 from Jerry Keepers, M.D.

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.

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

28th day of October 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____