

# MCMC

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

<b>Date:</b>	11/14/2005
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-06-0115-01</b>
<b>TDI #:</b>	
<b>MCMC Certification #:</b>	<b>TDI IRO 5294</b>

### REQUESTED SERVICES:

Please review: Pre-authorization request for chronic pain management for 30 sessions.

### DECISION: Upheld

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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 11/14/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The request for chronic pain management for 30 sessions is not medically necessary.

### CLINICAL HISTORY:

The injured individual is a 55 year old male with date of injury \_\_\_ which involved multiple body parts. However, the injured individual apparently had good results with aggressive rehabilitative services over the next year to be discharged to full duty as a carpenter in 09/2003. He disappeared for almost 2 years and returned complaining of exacerbation of old symptoms and a new left knee pain after a fall in the shower. There is no indication his current symptoms are directly related to his Worker's Compensation (WC) injury based on his lapse in treatment and his condition as of 01/2004 at his impairment rating. He has not had any treatment for this exacerbation, even if related, other than physical therapy (PT) to warrant a chronic pain program. He had a good recovery from his WC injury with aggressive rehabilitation therapy and there is no reason to believe this would not happen after this injury.

### REFERENCE:

Bonica JJ. ED. The Management of Pain. Third Edition. Copyright 2000.

**RATIONALE:**

The injured individual is a 55 year old male with date of injury \_\_\_\_\_. The injured individual sustained multiple injuries to his right shoulder, right leg, neck, and chest in a motor vehicle accident (MVA). He had a year of treatment consisting of cervical and lumbar epidural steroid injections (ESIs) which failed, elbow injections, shoulder surgery, medications, months of physical therapy (PT), a TENS, and multiple consults. He was never a surgical candidate as far as his neck, back, or leg. He eventually and slowly progressed to discharge and an impairment rating of 19% as of 12/2003. He was noted multiple times to be looking for a job. His clinical findings were described as stable and he was released to full duty as of 09/2003. He then disappeared from 11/2003 to 06/2005 when he resurfaced at a chiropractor's office complaining of his initial complaints and new complaints of left knee after stepping out of the shower. He was noted to be depressed and anxious without Worker's Compensation (WC) benefits for over 2 years. He was noted to not be able to return to work as a carpenter at medium level and a pain program was recommended. He had PT for this acute exacerbation, but no other treatment modalities. The pain program is not recommended for multiple reasons. First, the injured individual disappeared for 1.5 years and was supposedly at maximum medical improvement (MMI) with full duty capabilities as of 11/2003. There is no indication of what happened in these intervening 1.5 years to support a relationship to the prior claim. Secondly, even if he had an exacerbation, he has not had lower levels of care to justify a chronic pain program such as Work Conditioning/Hardening, psychological counseling, biofeedback, or injections. Therefore, the pain program is not supported.

**RECORDS REVIEWED:**

- DWC Notification of IRO Assignment dated 10/10/05
- MR-117 dated 10/10/05
- DWC-60
- DWC-69: Report of Medical Evaluation dated 02/09/04 from Stephen Burkhart, M.D.
- DWC-73: Work Status Reports dated 12/17/02 through 09/01/05
- MCMC: IRO Medical Dispute Resolution Prospective dated 10/26/05
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 10/10/05
- Parker & Associates, L.L.C.: Letter dated 10/20/05 from William Weldon
- Parker & Associates, L.L.C.: Letter dated 10/05/05 from William Weldon
- San Antonio Spine and Rehab: Office note from Joe Flood, D.C. dated 10/05/05
- San Antonio Spine and Rehab: Letter dated 09/02/05 from Joe Flood, D.C.
- San Antonio Spine and Rehab: Subsequent Evaluation dated 09/01/05 from Joe Flood, D.C.
- Corvel: Letters dated 08/30/05, 08/29/05, 08/19/05
- Corvel: Appeal denial dated 08/26/05
- San Antonio Spin & Rehab: Facsimile Transmittal Sheet dated 08/22/05 from Dr. Flood
- San Antonio Spine and Rehab: Letter dated 08/22/05 from Rosalind Garza-Harris, LMSW, ACP
- San Antonio Spine & Rehab: Preauthorization Requests dated 08/15/05 (two - facsimile transmittal sheets)

- San Antonio Spine and Rehab: Physical Performance Evaluation report dated 08/04/05 from Joe Flood, D.C.
- San Antonio Spine and Rehab: Office notes dated 07/12/05 through 09/22/05 (Health Care Practitioner's signature illegible)
- San Antonio Spine and Rehab: Initial Evaluation dated 07/11/05 from CP Garcia, M.D.
- San Antonio Spine and Rehab: Psychological Evaluation dated 07/06/05 from Rosalind Garza-Harris, LMSW, ACP
- San Antonio Spine and Rehab: Initial Evaluation dated 06/23/05 from Joe Flood, D.C.
- Michael P. Barker, M.D.: Report dated 01/05/04
- Kathy Adams, Inc.: Catastrophic Case Management Closure Report #12 dated 11/05/03 to 12/22/03
- Kathy Adams, Inc.: Catastrophic Case Management Progress Report #11 dated 09/30/03 to 11/05/03
- Frank Kuwamura, III, M.D.: Letters dated 09/22/03, 04/18/03
- The San Antonio Orthopedic Surgery Center: Operative Reports dated 09/10/03, 08/20/03 from Ellen Duncan, M.D.
- The San Antonio Orthopedic Surgery Center: Follow-up Visit note dated 09/10/03 from Ellen Duncan, M.D.
- Kathy Adams, Inc.: Catastrophic Case Management Progress Report #10 dated 08/30/03 to 09/29/03  
Kathy

The independent review organization shall certify that each physician or other health care provider who reviews the decision certifies no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any treating doctors or insurance carrier health care providers who reviewed the case for the decision before referral to the independent review organization. The reviewing physician is on TDI'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 Division 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**

**14<sup>th</sup> day of November 2005.**

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

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