

MCMC

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

Date:	12/02/2005
Injured Employee:	
Address:	
MDR #:	M2-06-0243-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Preauthorization request for chronic pain management five times a week for six weeks for a total of thirty (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 12/02/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The request for chronic pain management five times a week for six weeks for a total of thirty (30) sessions is not medically necessary.

CLINICAL HISTORY:

The injured individual is a 60 year old male with date of injury _____. The injured individual had had a stroke a year earlier in 06/2003 with residual left sided weakness. He also has non-insulin dependent diabetes mellitus (NIDDM), hypertension (HTN), cardiomegaly, osteopenia, degenerative joint disease (DDD), and hyperlipidemia. The Workers' Compensation (WC) diagnosis is right and left shoulder pain, head, cervical, thoracic, and lumbar pain, and leg weakness. After the injury, the injured individual complained of dizziness and weakness. However, prior to the date of injury in 08/2003 the injured individual complained of multiple episodes of dizziness, weakness in the extremities, soreness in the extremities, and low back pain. He also fell in 08/2003, hitting his head and left elbow so all these symptoms were strongly present months prior to the WC injury. A work up in the Emergency Room (ER) on _____ at the time of injury showed cardiomegaly, thoracic spine DDD, and a normal head CT. MRIs at this time showed microvascular disease of the brain, cervical stenosis with possible C6/7 herniated nucleus propulsus (HNP). The injured individual physical therapy (PT) for two weeks post injury and was returned to light duty which he continued until at least 03/2005 but not by 09/2005.

Dr. Somerville began treating him in 02/2005 and diagnosed rotator cuff problems, facet pain, sacroiliac (SI) pain, lumbar radiculopathy, anxiety, and depression. He notes pain scores of 7/10 on Norco. An independent medical exam (IME) of 03/2005 recommended lumbar and bilateral shoulder MRIs. An electromyogram (EMG) in 03/2005 showed bilateral L5/S1 radiculopathy; an MRI of 05/2005 showed an old L1 vertebral fracture and DDD. Shoulder x-rays showed osteoarthritis (OA) of the right and an osteochondral fragment in the left.

In 05/2005 Dr. Somerville recommended facet injections and a pain behavior modification program. The injured individual had some type of peripheral nerve blocks, minimal PT, some chiropractic care, and five individual psychiatric sessions. He was placed on MS and Lexapro in 05/2005. He has not had work hardening or conditioning. The injured individual was scrutinized by video surveillance in 09/2005 on two occasions. This noted he was able to drive, run errands, and walk unhindered and without gait disturbance. Meanwhile, Dr. Somerville's note written at the same time states: "the pt states he is tired and it is painful to walk" and "he wants to be put in a hospital." He saw an orthopedic consultant at about this time who notes: "He moves very slowly and gets up and down very slowly." He found the injured individual to be deconditioned and recommended a physical rehabilitation program. The injured individual had an IME in 10/2005 which recommended weaning off the MS and Lexapro, a home exercise program (HEP), and a lumbar MRI to determine if there is an acute problem or just age related DDD (he apparently did not have the MRI report of 05/2005 which notes DDD and an old vertebral fracture). He diagnosed lumbar and shoulder strains. He also had testing for a pain program in 09/2005 which noted BDI of 31, BAI of 36 as of 07/2005 prior to the psychiatric treatment. There is no new testing available.

REFERENCE:

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

RATIONALE:

The injured individual is a 60 year old male who slipped on a wet floor and fell on _____. Prior to this in 06/2003 and 08/2003, the injured individual had had a cerebral vascular accident (CVA) with residual left sided weakness, had fallen and hit his head, had complained of dizziness, weakness, arm pain, and back pain. His radiologic work up showed osteopenia, an old lumbar vertebral fracture, and degenerative joint disease (DDD) which are all age related issues, not Workers' Compensation (WC) related. He had minimal physical therapy (PT) twice, no work hardening or conditioning. He was noted to have no ambulatory problems under video surveillance in 09/2005 yet his physician states of the injured individual it is painful to walk at this same time. Not only does the injured individual have strong evidence of severe pre-existing disease (DDD, osteopenia, and hemiparesis), but also he has questionable complaints based on the video surveillance. He may be deconditioned, but this is not due to his WC injury nor has it been substantially challenged with a full physical rehabilitation program, work hardening, or work conditioning even if the argument is made that it is related. Therefore, the pain program is not medically necessary.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 11/04/05
- MR-117 dated 11/04/05
- DWC-60
- DWC-69 Report of Medical Evaluation
- DWC-73: Work Status Reports dated 01/23/04, 02/08/04, 04/19/04, 07/10/04, 07/22/05, 10/13/05 and one undated
- DWC-1: Employer's First Report of Injury or Illness with injury date 01/20/04
- MCMC: IRO Medical Dispute Resolution Prospective dated 11/15/05
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 11/04/05
- Arkansas Claims Management, Inc.: Letter dated 11/14/05 from Raina Robinson, IRO Coordinator
- John P. Obermiller, M.D.: Letter dated 10/20/05
- South Texas Spinal Clinic: Initial Office Visit dated 10/13/05 from M. David Dennis, M.D.
- First Advantage Investigative Services: Investigation Report dated 09/16/05, 09/17/05
- Claims Management: Independent Review Organization Summary dated 11/09/05
- UniMed Direct: Reports dated 09/28/05, 09/19/05
- Healthtrust: Request for Reconsideration dated 09/20/05 from Cameron Jackson, D.C.
- Healthtrust: Request for Services dated 09/01/05 from James Flowers, MA-LPC, Clinical Director
- Healthtrust: Individual Counseling Notes dated 07/25/05, 08/01/05, 08/08/05, 08/15/05, 08/22/05 from Laura Hinojosa, BA, MA
- Gibson Chiropractic: Reports dated 05/19/05, 05/13/05 from David Gibson, D.C.
- The Pain Management Clinic of Laredo: Physical Therapy Daily Notes dated 05/16/05 through 06/14/05
- Doctors Hospital of Laredo: MRI lumbar spine dated 05/04/05, lumbar spine radiographs, right shoulder radiographs, left shoulder radiographs dated 04/30/05
- Healthtrust: Initial Interview dated 05/02/05 from Victor Sabala, LBSW and James Flowers, MA-LPC
- Judson Somerville, M.D.: Office notes dated 04/25/05, 05/25/05, 06/22/05, 08/22/05, 09/23/05
- Dr. Kayce A. Frye: Report of Medical Evaluation dated 03/18/05
- The Pain Management Clinic of Laredo: NC-stat on Call Report dated 03/02/05
- Judson J. Somerville, M.D.: History and Physical dated 02/28/05
- Healthtrust: Letter of Medical Necessity dated 02/28/05 from Judson Somerville, M.D.
- Laredo Medical Center: Lab report dated 10/08/04
- Joseph Camero, M.D.: Follow-up notes dated 09/10/04, 04/19/04, 03/17/04, 02/02/04
- Advanced Physical Therapy: Daily Notes dated 01/30/04, 01/29/04, 01/28/04 from Carlos Escamilla, P.T.
- Advanced Physical Therapy: Initial Evaluation dated 01/27/04 from Carlos Escamilla, P.T.
- Advanced Physical Therapy: Plan of Care dated 01/27/04 from Carlos Escamilla, P.T.
- Laredo Medical Center: Disposition Summary dated 01/21/04
- Laredo Medical Center: Emergency Physician Record dated 01/20/04

- Laredo Medical Center: ER Order Sheet dated 01/20/04
- Laredo Medical Center: ER Nursing Chart notes dated 01/19/04
- Mercy Health Center: Discharge Summary dated 07/09/03 from Carlos Llanes, M.D.
- Mercy Health Center: MRI of the brain dated 07/01/03, right humerus radiographs, chest radiographs and CT of the head dated 08/31/03, chest radiographs dated 01/20/04, CT of the head dated 01/20/04
- Mercy Health Center: History and Physical dated 06/30/03 from Carlos Llanes, M.D.
- Handwritten Progress Notes dated 05/01/03 through 10/13/04
- Mercy Health Center: Discharge Summary dated 04/25/03 from Carlos Llanes, M.D.
- Wal-Mart: Job Description for Loss Prevention Associate revised June 2002
- Healthtrust: Undated Indication of Evaluation list from Judson Somerville, M.D.
- Article entitled, “Chronic Pain/Functional Restoration Programs”

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

2nd day of December 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____