

MCMC

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

Date:	01/17/2006
Injured Employee:	
Address:	
MDR #:	M2-06-0353-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for chronic pain management for ten (10) 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 01/17/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The chronic pain management for ten (10) sessions is not medically necessary.

CLINICAL HISTORY:

The injured individual is a 41 year old male with chronic back pain despite two lumbar surgeries. He has not had any applicable pain management interventions post-operatively such as medications, work hardening/conditioning, or injections. He is tested as having a high level of depression but has neither been given antidepressants nor psychological counseling to address this. He has been tested to have functional limitations and depression but this has not been addressed adequately at appropriate lower levels like work hardening, aggressive medication or pain management intervention treatment, or psychological/biofeedback counseling. Until that is done or tried, the pain program is premature as that is reserved for individuals who have failed to benefit from all applicable lower levels of care.

REFERENCES:

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

RATIONALE:

The injured individual is a 41 year old male with date of injury _____. He had treatment preoperatively followed by two lumbar surgeries. He has had no invasive treatment since nor has he had psychological counseling despite testing high on the BDI depression test. He also takes only Ultram and an anti-inflammatory so has not maximized his medication management options. The pain program is designed for tertiary level of care individuals who have failed all reasonable treatment options. This injured individual has not tried any medication alternatives nor has he had aggressive postoperative pain management or work conditioning to even qualify for a pain program.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 12/06/05
- MR-117 dated 12/06/05
- DWC-60
- DWC-61: Initial Medical Report signed 06/19/96
- MCMC: IRO Medical Dispute Resolution Prospective dated 12/27/05
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-authorization dated 12/06/05
- Bexar County Healthcare Systems: Letter dated 01/02/06 from Nick Kempisty, Code Compliance Officer
- Texas Mutual Insurance Company: Letters dated 12/15/05, 10/04/05, 09/19/05
- Texas Mutual Insurance Company: Report dated 12/15/05 from LaTreace Giles, RN, Sr. Medical Dispute Analyst
- Bexar County Healthcare Systems: Request for Appeal dated 09/23/05 from Daniel Hernandez, LCSW
- Texas Mutual Insurance Company: Letters dated 10/04/05, 09/19/05 from Cathleen Everett, L.V.N.
- Bexar County Healthcare Systems: Letter dated 08/31/05
- Khym Zarzuela, D.O.: Letter dated 08/18/05
- Dennis Gutzman, M.D.P.A.: Office visit notes dated 08/17/05, 04/20/05, 01/26/05, 09/22/04
- Bexar County Healthcare Systems: Report dated 08/16/05 from John Whitaker, LPTA
- Bexar County Healthcare Systems: PPE Report dated 08/16/05 (16 pages)
- Bexar County Healthcare Systems: Evaluation dated 07/18/05 from Daniel Hernandez, LCSW
- Bexar County Healthcare Systems: Medication Management Referral dated 07/18/05
- San Antonio Community Hospital: Operative Report dated 09/10/98 from Dennis Gutzman, 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 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

17th day of January 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____