

MCMC

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

Date:	03/13/2006
Injured Employee:	
Address:	
MDR #:	M2-06-0638-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization request for 20 sessions of work hardening program.

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 03/13/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The request for 20 sessions of work hardening program is not medically necessary.

CLINICAL HISTORY:

The injured individual is a 51 year old female with date of injury _____. The injured individual sustained a lumbar strain. The MRI of 11/2004 showed only mild disc desiccation consistent with her age. However, an electromyogram (EMG) of the same time showed a left S1 radiculopathy. She initially complained of low back pain radiating to the left thigh. She was given Motrin and Darvocet. Physical therapy (PT) was prescribed but she did not go for months due to the flu, and she was not seen back until 02/2005. She had a functional capacity exam (FCE) in 02/2005, which indicated her job was heavy; she was performing at sedentary-light level. She had a work hardening assessment in 02/2005 which noted her pain was 4/10, she was taking Motrin and Darvocet. Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI) were severe at 38 and 39 respectively. The assessment recommended work hardening which was denied based on the discrepancy between the MRI and EMG and the fact that the injured individual was in the process of receiving a series of epidural steroid injections (ESIs). Apparently, the EMG was not performed by a physician therefore its results have been questioned.

The injured individual then had facet injections in 03/2005 without relief. She was placed on Zoloft and Phenergan at this time in addition to the Motrin and Darvocet. She had individual psychotherapy and then proceeded to pain management in 07/2005. An independent medical exam (IME) of 06/2005 agreed with the current pain program and recommended a CT/myelogram as the MRI and EMG did not match. A second IME of 07/2005 recommended repeating the EMG (neither IME documented radiculopathy) and felt no further treatment was needed. The injured individual did have a CT/myelogram in 08/2005, which showed minor bulges at L1-3 with larger bulges L4-5. A repeat IME in 09/2005 placed her at maximum medical improvement (MMI) and again found no evidence of radiculopathy. A repeat FCE was done in 11/2005, which noted the injured individual to be performing worse at a sedentary level. Work hardening was again requested with the 11/2005 evaluation showing the injured individual on even more medications currently (Ultram, Soma, Motrin, Phenergan, Zoloft), pain scores higher at 6/10, BDI 22 (moderate), BAI 11 (mild). It appears the only improvement this injured individual has had after a year of multi-disciplinary therapy was to reduce her depression and anxiety levels as everything else worsened. Again, work hardening was recommended and denied.

REFERENCE:

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

RATIONALE:

The injured individual is a 51 year old female with lumbar strain from date of injury _____. The MRI was essentially normal with some age related mild disc desiccation. The electromyogram (EMG) has consistently been brought into question as it was not done by a physician and did not correlate with the MRI or findings. A later CT/myelogram showed only mild to small bulges. The injured individual has had medications, physical therapy (PT), epidural steroid injections (ESIs), facet injections, individual psychotherapy, and a six week pain program with actual worsening of symptoms, pain scores, and increased medications. She has been evaluated twice and denied twice for a work hardening program. Her functional capacity exams (FCEs) done in 09/2005 (after all treatment had been rendered) were actually worse when compared to the FCE of 02/2005. The multiple independent medical exams (IMEs) have not documented any radicular findings nor have they suggested any more treatment. This injured individual has failed all appropriate care and her symptoms have deteriorated. There is no indication how work hardening, which is considered a lower level of care than a chronic pain program, could have any positive impact on her chronic condition which has failed to respond thus far to anything and which has not demonstrated strong clinical or radiologic findings to support its ongoing nature.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 02/02/06
- MR-117 dated 02/02/06
- DWC-60

- DWC-69: Reports of Medical Evaluation dated 09/30/05, 07/28/05, 06/10/05
- MCMC: IRO Medical Dispute Resolution Prospective dated 02/21/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 02/03/06
- Texas Mutual: Letter dated 02/18/06 from LaTrece Giles, R.N.
- Pain & Recovery Clinic: Letter dated 02/13/06 from Dean McMillan, M.D.
- Texas Mutual: Letter dated 12/30/05 from Gay Green, L.V.N.P.
- Pain & Recovery Clinic: Request for Reconsideration dated 12/20/05 from Nestor Martinez, D.C.
- Texas Mutual: Letter dated 12/12/05 from Robin Walker, L.V.N.
- Pain & Recovery Clinic: Pre-Authorization Request dated 12/06/05 from Nestor Martinez, D.C.
- North Houston Imaging Center: Lumbar myelogram dated 08/26/05, post myelogram CT scan lumbar spine dated 08/26/05, MRI lumbar spine dated 11/18/04
- John P. Obermiller, M.D.: Letter dated 07/28/05
- Kyle E. Jones, M.D.: Designated Doctor Evaluations dated 06/10/05, 09/30/05
- Texas Mutual: Letter dated 02/25/05 from JoAnne Harrison, L.V.N.
- Denise Turboff, M.Ed., L.P.C.: Work Hardening Assessment Psychosocial History dated 02/17/05, 11/30/05
- Gulf Coast Functional Testing: Functional Capacity Assessments dated 02/09/05, 11/01/05
- Pain & Recovery Clinic: Subsequent Medical Reports dated 01/05/06, 02/03/05, 03/18/05, 04/05/05, 05/03/05, 05/31/05, 07/06/05 from Dean McMillan, M.D.
- Texas Electrophysiology Services: Report dated 11/18/04 from M. Sabbahi, PhD, PT
- Pain & Recovery Clinic: Initial Medical Report dated 10/21/04 from Dean McMillan, M.D.
- Employer's First Report of Injury or Illness signed 10/20/04

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

13th day of March 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____