

# MCMC

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

<b>Date:</b>	<b>04/07/2006</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-06-0784-01</b>
<b>DWC #:</b>	
<b>MCMC Certification #:</b>	<b>IRO 5294</b>

### **REQUESTED SERVICES:**

Please review the item(s) in dispute: Pre-authorization denied for chronic pain management for ten 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 04/07/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Ten additional sessions of a pain management program are not medically necessary.

### **CLINICAL HISTORY:**

The injured individual is a forty-seven year-old woman who sustained a work-related injury to her knee and lower back on \_\_\_\_\_. She was working as a school custodian at the time of the injury. The injury took place when she was lowering a table off another table. The table slipped and struck her left knee. She then bent over and injured her back. The injured individual has been treated with physical therapy, medications, and individual psychotherapy. According to a summary report dated 11/04/2005, the injured individual has pain in her neck, back and left lower extremity. She was diagnosed with internal derangement of the left knee and lumbar radiculopathy. She became depressed in response to difficulties coping with her pain, and has been prescribed Zoloft for depression.

She completed 20 sessions of a chronic pain management program in 12/2005. An additional ten sessions have been requested. Prior to the pain management program the injured individual rated her pain at a level of "7/10". She was administered both the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI) and scored in the severe range of symptoms for both anxiety and depression.

A concurrent report dated 12/23/2005 summarized the injured individual's progress after completing eighteen of the twenty approved sessions. After completing eighteen sessions of the pain management program, she scored in the mild range of depressive symptoms on the BDI and moderate range of symptoms of the BAI.

She rated her pain at "6/10" at the end of the eighteen sessions. Her affect is noted to have "greatly improved" on 12/23/2005. She is reported to be "functioning reasonably well despite her high level of pain." She is more accepting of her limitations. She has increased her activity level. It is reported that the injured individual has a job to return to. Ten additional sessions were requested. It was stated that the goals of the final days of the program that the injured individual will "complete preparation for her return to productive work".

**REFERENCE:**

Nielson, WR and Weir, R, Biopsychosocial approaches to the treatment of chronic pain. Clinical Journal of Pain, 2001, 17 Dec. (Suppl :S114-27).

**RATIONALE:**

This forty-seven year-old injured individual sustained an injury to her back and left knee in a work related incident on \_\_\_\_\_. She has been treated with physical therapy, medications and individual psychotherapy. She completed twenty sessions of a chronic pain management program in 12/2005.

According to a progress report completed after eighteen sessions, the injured individual is reported to have responded well to the program. She had less pain, anxiety and depression. She also has increased her level of physical activity. She is reported to have a job to return to. The injured individual was described as "functioning reasonably well despite her pain level". Since the injured individual was "functioning reasonably well" after twenty sessions of a pain management program, ten additional sessions of a pain management program are not medically necessary. In addition, no objective measures of physical progress were provided. This information would be necessary in order to justify additional sessions. It was also stated that a goal of the final sessions of a program involved assisting the injured individual to return to work. Assisting an individual in returning to work does not require an eight hour a day program and could be completed through other means such as individual psychotherapy (Nielson and Weir, 2001).

**RECORDS REVIEWED:**

- Notification of IRO Assignment dated 02/24/06

- MR-117 dated 02/24/06
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 03/20/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 02/28/06
- Pain & Recovery Clinic: Letter dated 03/27/06 from Dean McMillan, M.D.
- Cambridge: Review Determination dated 12/30/05
- Cambridge: Report dated 12/29/05 from Beverly Davis, R.N., following a review by Corey Fox, Ph.D
- Pain & Recovery Clinic: Concurrent Reports dated 12/23/05, 11/17/05 from Michele Zamora, M.Ed
- Pain & Recovery Clinic: Requests for Reconsideration dated 12/28/05, 12/01/05 from Dean McMillan, M.D.
- Pain & Recovery Clinic: Request for Preauthorization, Concurrent Review and Voluntary Certification dated 12/27/05 (handwritten)
- Report dated 12/27/05 (PA referral sheet)
- Pain & Recovery Clinic: Report dated 11/22/05 from Dean McMillan, M.D.
- Pain & Recovery Clinic: Pre-authorization Request dated 11/07/05 from Dean McMillan, M.D.
- Pain & Recovery Clinic: Summary Report dated 11/04/05 from Michelle Zamora, M.Ed
- Denise Turboff, M.Ed: Mental Health Evaluation dated 10/18/05
- Cambridge: Undated report from Beverly Davis, R.N. following a review by A. Brylowski, M.D.

The reviewing provider is a **Licensed/Boarded Clinical Psychologist** and certifies that no known conflict of interest exists between the reviewing **Clinical Psychologist** 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**

**7th day of April 2006.**

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

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