

MCMC

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

Date:	04/13/2006
Injured Employee:	
Address:	
MDR #:	M2-06-0842-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for ten sessions of chronic pain management.

DECISION: Reversed

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 04/13/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Ten initial sessions of the chronic pain program are reasonable.

CLINICAL HISTORY:

The injured individual is a 40 year old male with date of injury_____. The diagnosis is left ankle injury. The MRI showed a joint effusion and sprain. The CT was negative. The injured individual has had medication, a TENS unit, physical therapy (PT), and psychotherapy. The injured individual is taking Celebrex, hydrocodone, Paxil, and a gel. The pain program was denied as it did not appear to be a fully staffed, multi-disciplinary pain program and he had not had appropriate surgical consultation. His pain is rated 7/10. He had a designated doctor evaluation (DDE) on 11/30/2005, which noted psychological issues and recommended a pain program. The pain program appeal letter stated the injured individual is not a work hardening candidate due to his extreme psychological involvement and high pain levels, he needs to wean off his narcotics, and he is nonsurgical. His Beck Depression Inventory (BDI) testing was 30 and Beck Anxiety Inventory (BAI) was 33; both indicate moderate to severe levels. The

components and goals of the chronic pain program were delineated. Based on the submitted information, the ten initial sessions of the chronic pain program are reasonable.

REFERENCE:

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

RATIONALE:

The injured individual is a 40 year old male with date of injury _____. The injured individual is nonsurgical concerning his ankle injury. Despite physical therapy (PT), TENS, and psychotherapy he continues to be depressed, anxious, and pain focused. A ten session pain program (initial) is suggested. The injured individual has failed lower levels of care. He is not felt to be a work hardening candidate due to his high pain levels (7/10) and high levels of depression. At this point, the injured individual is at a tertiary level of care as regards to his function; an initial ten sessions of the pain program is reasonable.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 03/20/06
- MR-117 dated 03/20/06
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 03/28/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 03/22/06
- Broadspire: Letter dated 03/23/06 from Rick Jacobs, Claims Specialist III
- Maximus: Letter dated 02/28/06 from Lisa Gebbie, Appeal Officer
- Broadspire: Notice of Reconsideration dated 01/11/06
- Pinnacle Pain Management Solutions: Expedited Appeal Procedure Request dated 01/09/06 from Michael Soderstrom, MA
- Broadspire: Notice of Denial of Pre-Authorization dated 01/05/06
- Pinnacle Pain Management Solutions: Program Pre-Authorization Form dated 12/13/05
- Wellness Maintenance Centers: Notes dated 12/20/05, 12/12/05
- Pinnacle Pain Management Solutions: Behavioral Assessment dated 12/19/05 from Michael Soderstrom, MA
- David Durkop, D.C.: Letter of Medical Necessity dated 12/13/05
- Impairment Summaries dated 12/12/05
- David Durkop, D.C.: Exam Summary dated 12/12/05
- Raymond P. Kwong, M.D.: Designated Doctor Evaluation dated 11/30/05
- Pinnacle Pain Management Solutions: Undated Treatment Plan from Michael Soderstrom, MA
- Chronic Pain Program: Physical Therapy Protocol, undated (Day 1 through Day 11)
- Pinnacle Pain Management Solutions: Undated service request form for Chronic Pain Management Program

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 April 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Beth Cucchi _____