

MCMC

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

Date:	05/05/2006
Injured Employee:	
Address:	
MDR #:	M2-06-1141-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization request for pain management for ten visits.

DECISION: Upheld

IRO MCMCllc (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 05/05/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The request for pain management for ten visits is not medically necessary.

CLINICAL HISTORY:

The injured individual is a 61 year old male with date of injury _____ in which he suffered a crush injury to his thighs and abdomen without fracture. He was treated with physical therapy (PT), medications, and Depo-Medrol injections and continued to work until 2002 doing ten hour days when he was laid off. Lumbar MRI of 1997 showed pre-existing age related degenerative changes. In 1998 his Functional Capacity (FCE) indicated medium duty capacity. He now has comorbid conditions of a history of myocardial infarction (MI), open heart surgery in 2002, and diabetes all occurring after the injury. The diagnosis is low back and leg pain. An Independent Medical Exam (IME) of 09/2005 felt no further treatment or medications were needed. He was taking hydrocodone and naproxen but has had none since 2003 per the Pain Program Psychological Intake evaluation dated 12/2005. These medications were started shortly before the pain program began in 02/2006. The injured individual has had about 17 pain management

visits thus far. After 17 sessions, the injured individual reduced his hydrocodone from eight per day to one to two per day and his Soma from three times per day dosing to daily dosing. The Carrier's Position statement is: the injured individual was on no medications until shortly before the pain program began (he had been on nothing since 2003); his job ten years ago involved lifting 100 pound beams; and with his current age and comorbid problems doubts his return to work (RTW) status. His current pain scores after 17 pain sessions in 03/2006 are 7/10 but they were 7/10 at the time of his pain evaluation in 12/2005. This evaluation indicated the injured individual had a low grade education with difficulty reading, spelling, and doing math. This means his job retraining potential would be reduced. There is no Beck Depression Inventory (BDI) or Beck Depression Assessment (BDA) scoring noted in the evaluation and nothing to compare it to after 17 sessions. Continuation of the program has been denied twice due to lack of documented progress.

RATIONALE:

This is a 61-year-old male with date of injury ten years ago in which he suffered a crush injury to his thighs without fracture. He was treated with medications until 2003 and then these were stopped. They had been Duracet and NSAIDs and he was given multiple Depo-Medrol injections. He had physical therapy (PT) as his only intervention. His lumbar MRI of 1997 showed degenerative changes. In 1998 his Functional Capacity Exam (FCE) noted medium duty capacity. The injured individual continued to work ten-hour days until he was laid off in 2002. Shortly thereafter he suffered a myocardial infarction (MI), had open-heart surgery, and was found to have diabetes. He had no treatment since 2003 until he was referred for a pain evaluation in 12/2005. This indicated he had been recently started on hydrocodone four per day and soma three times per day. It noted pain levels of 7/10 but no quantitative Beck Depression Inventory (BDI) or Beck Depression Assessment (/BDA) scores and a very low educational level with poor reading and math skills. The injured individual then attended 17/20 pain session. He reduced his medications but his pain scores stayed the same. There is no indication of functionality changes or psychological improvement. The pain program continuation was denied twice due to lack of documented improvement. It is also noted the injured individual's age, lack of education, and comorbid conditions make return to work (RTW) chances minimal. Further pain sessions are not recommended based on his lack of improvement after the 17 sessions attended. While his medications have decreased, he was on nothing prior to the program so this change is minimal. His pain scores have not budged. There is no indication his functionality or levels of depression have improved to warrant further treatment. Also, realistically, the injured individual's RTW status is highly questioned based on his current age, comorbid conditions, and low educational level.

REFERENCE:

Bonica's Management of Pain third edition copyright 2000.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 04/12/06
- MR-117 dated 04/12/06

- DWC-60
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 04/12/06
- Beverly L. Vaughn, Attorney-At-Law: Letter dated 04/18/06
- John Obermiller, M.D.: Report dated 03/20/06
- Dennis M. Shaughnessy, M.D.: Request for Reconsideration dated 03/10/06
- Jessica Crews, Utilization Review Nurse: Report dated 03/07/06
- Sylvia A. Soto, Ph.D.: Note dated 03/01/06
- Daily Symptom Scale (handwritten) dated 03/01/06
- Dennis M. Shaughnessy, M.D.: Request for Preauthorization dated March 2006
- Daily Progress Notes (handwritten) dated 02/28/06 to 03/03/06, 02/20/06 to 02/24/06
- Hoja De Medicamento Diario dated 02/28/06 to 03/03/06
- Concho Valley Rehab: Clinical Interview & Psychological Testing dated 12/14/05 from Perry Marchioni, Ph.D
- Paul Foxcroft, M.D.: Required Medical Examination dated 09/27/05
- Zvi Kalisky, M.D.: Peer Review dated 11/26/02
- Carrier's Position Statement (undated, unsigned)

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

5th day of MAY 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: **Beth Cucchi**_____