

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

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|------------------------------|----------------------|
| Date: | 06/05/2006 |
| Injured Employee: | |
| Address: | |
| | |
| MDR #: | M2-06-1213-01 |
| DWC #: | |
| MCMC Certification #: | IRO 5294 |

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization request-chronic pain management program for ten days (97799-cp)

DECISION: Reversed

IRO MCMCIIc (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 06/05/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The final ten sessions of the pain program is reasonable.

CLINICAL HISTORY:

The injured individual is a 61 year old male with date of injury _____. The injured individual has had surgery, physical therapy (PT), work hardening, medications, and then twenty (20) sessions of a chronic pain program. Prior to the program, he was taking no medications as his MS Contin was denied by Worker's Compensation. Upon entry into the program he was started on Vicodin 2 pills four times per day. After twenty sessions, he is taking this drug once a day. All his functions have improved in the pain program except his pain score. The attending physician (AP) is requesting a final ten sessions to reduce his narcotics further and improve his function.

REFERENCE:

Bonica's Management of Pain. Third edition. Copyright 2000.

RATIONALE:

The injured individual is a 61-year-old male who failed aggressive and conservative care. He had twenty pain sessions recently in which he improved in physical function, sleep, and psychologically but his pain scores did not improve. The injured individual had been taking MS Contin three times per day but it was denied by Worker's Compensation (WC) so upon admission to the pain program he was placed on Vicodin 20mg four times per day. He is now taking 20mg of Vicodin once a day. The pain program continuation was denied as the reviewer felt the injured individual was placed on narcotics upon entry into the pain program and their reduction did not justify continuation. However, the injured individual had been on stronger narcotics only a few months before the pain program and he required medication for pain control. The fact that this has been reduced in coordination with his improved function, supports finishing off the program in an effort to reduce his narcotic reliance further.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 04/25/06
- MR-117 dated 04/25/06
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 05/19/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 04/25/06
- U.S. Postal Service Delivery Confirmation Receipts dated 06/04/06, 04/05/06
- Alta Vista Healthcare: Requester's Position Regarding Pre-Authorization dated 04/18/06 from Phil Bohart, MS, CRC, LPC
- SRS: Letter dated 04/05/06 from Sharon Szulczewski, RN
- Alta Vista Healthcare: Reconsideration: Request for Final 10 Days of Chronic Pain Management Program dated 04/03/06 from Phil Bohart, MS, CRC, LPC
- Alta Vista Healthcare: Reconsideration: Chronic Pain Management Program Preauthorization Requests dated 04/03/06, 12/23/05
- SRS: Letters dated 03/16/06, 12/27/05 from Nancy Trzaskus, RN
- Alta Vista Healthcare: Chronic Pain Management Program Preauthorization Request dated 03/14/06
- Alta Vista Healthcare: Request for Final 10 Days of Chronic Pain Management Program dated 03/14/06 from Phil Bohart, MS, CRC, LPC
- Alta Vista Healthcare: Physical Performance Evaluations dated 03/03/06, 12/13/05
- Irelyn Arana, RN: Letter dated 01/20/06
- Alta Vista Workskills: Reconsideration Chronic Pain Management Program Preauthorization Request dated 01/17/06
- Alta Vista Healthcare: Request for Initial Trial of 10 Days Chronic Pain Management Program dated 01/16/06 from Phil Bohart, MS, CRC, LPC
- Neurosurgical Associates of San Antonio: Letter of Medical Necessity dated 01/11/06 from Lloyd Youngblood, M.D.
- Adverse Determination letter dated 12/27/05 from Nancy Trzaskus, RN

- Buena Vista Workskills: Request for Initial Trial of 10 Days Chronic Pain Management Program dated 12/23/05 from Phil Bohart, MS, CRC, LPC
- Donald F. Dutra, Jr., M.D.: Initial Evaluation dated 12/08/05
- Buena Vista Workskills: Referral form dated 12/08/05
- Buena Vista Workskills: Behavioral Medicine Re-Evaluation dated 12/02/05 from Melissa Brown, MS, LPC
- Premier Pain Consultants: Follow Up notes dated 09/19/05, 07/01/05, 06/03/05 from Dmitriy Buyanov, M.D.
- Alamo Healthcare: Initial Patient Evaluation (handwritten) dated 07/06/05
- Neurosurgical Associates of San Antonio: Office Note dated 04/14/04 from Lloyd Youngblood, M.D.
- The Imaging Center at TNI: Lumbar spine radiographs dated 04/29/03
- Aerobic Capacity Assessment, undated, handwritten
- Workers Compensation Information Sheet, undated, handwritten

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 JUNE 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Beth Cucchi _____