

MCMC

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

Date:	06/08/2006
Injured Employee:	
Address:	
MDR #:	M2-06-1224-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for 20 days chronic pain management.

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 06/08/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Deny the pain program as not medically necessary.

CLINICAL HISTORY:

The injured individual is a 25 year old male with date of injury _____. The diagnosis was knee pain. The MRI of 09/2005 showed an effusion and electromyogram (EMG) of 10/2005 was negative. The injured individual was deemed nonsurgical so he had physical therapy (PT) and injections. A Functional Capacity Exam (FCE) of 11/2005 and 02/2006 showed he was capable of medium-light duty but his job was medium-heavy. Work hardening was denied in 03/2006 as the injured individual was taking only over the counter (OTC) medications. The injured individual had an Independent Medical Exam (IME) in 02/2006, which felt he could return to work (RTW) full duty. His orthopedic evaluation in 03/2006 noted the injured individual had pain scores of 2/10 and he could RTW without restrictions. This orthopedist had treated him since 11/2005 with medications and injections and actually kept him off work at that time. He indicated in 03/2006 that the injured individual wanted to RTW and he had 0% impairment. The

pain evaluation done earlier in 03/2006 states he has mainly shoulder and neck pain, he has moderate depression and anxiety, he would take medications but they were denied. There is a pain program appeal dated 03/2006 which states he has had five surgeries, has major depression and anxiety, his injury was in 1996 and he is taking medications with ongoing pain. Obviously, these two evaluations do not agree in any way. He has not had lower level of care like psychiatry or biofeedback. A pain program has been denied multiple times based on the lack of lower levels of care and the orthopedic evaluation of 03/2006.

REFERENCE:

Common Practice Among Pain Physicians, Bonica's Management of Pain. Third edition, Copyright 2000.

RATIONALE:

The injured individual is a 25-year-old male with date of injury _____ although his pain program evaluation states it was 1996. He would have been 16 at the time. This same evaluation states he is markedly depressed and anxious with high pain scores and five prior surgeries. Nowhere in the records is there any substantiation of any of this. They have his name and social security number on their evaluation but it appears they are referencing another injured individual. The injured individual was treated by an orthopod since 11/2005 with injections, no work, and medications. The MRI showed an effusion and the injured individual was kept off work for over two months. This same orthopod in 03/2006 stated the injured individual wanted to return to work (RTW) and he allowed him with a 0% impairment rating, no medications, and no restrictions. An Independent Medical Exam (IME) from a month earlier agreed. Two Functional Capacity Exams (FCEs) placed him at light/medium duty with a job requirement of medium to heavy. He never had work hardening, work conditioning or psychiatric treatment. The pain program was requesting 20 sessions, which was already denied twice based on the lack of lower levels of care and his orthopod's 03/2006 note.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 05/10/06
- MR-117 dated 05/10/06
- DWC-60
- DWC-60 Addendum: Position Statement Response to MDR
- DWC-69: Report of Medical Evaluation dated 03/07/06
- DWC-73 Work Status Report dated 03/07/06
- MCMC: IRO Medical Dispute Resolution Prospective dated 05/24/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 05/10/06
- Positive Health Management: Letter of Dispute dated 03/27/06 from Ernest Roman, M.D.
- Intracorp: Letters dated 03/14/06, 03/08/06 from Intracorp Medical Department
- Positive Pain Management of Texas: Letter dated 03/09/06 from Dan Bodin, M.D.
- Intracorp: Facsimile Transmission Cover Sheet dated 03/08/06

- Center for Fracture Treatment and Orthopedic Surgery: Letter dated 03/07/06 from Kenneth Bayles, D.O.
- Dallas Physical Performance Center Fee Sheets dated 03/03/06, 02/21/06, 02/13/06
- Positive Pain Management of Texas: Letter dated 03/02/06 from Brian Strain, M.D.
- Physical Performance Test dated 03/02/06 from Karen King, Physical Therapist
- Positive Pain Management: Physical Performance Evaluation Request for Initiation pain program dated 03/02/06 from Karen King, P.T.
- Go! Rehab: New Patient Evaluation dated 03/02/06 (first page only)
- Kelly Bates: Memo dated 02/24/06
- DPPC: Patient Script dated 02/24/06
- DPPC: Progress notes dated 02/13/06, 01/27/06, 11/15/05, 09/20/05, 09/06/05 from Junaid Farooqui, D.C.
- MES Solutions: Letter dated 02/06/06 from Michael Ciepiela, M.D.
- M.D. Rehab of Texas: Physical Performance Evaluations dated 02/02/06
- Dallas Physical Performance Center: Physical Performance Evaluation dated 01/06/06 from Lisa Pistoria, M.S. and Junaid Farooqui, D.C.
- Functional Capacity Evaluation-Informed Consent signed 01/06/06
- Handwritten questionnaire dated 12/07/05
- Center for Fracture Treatment and Orthopedic Surgery: Letters dated 12/01/05, 11/03/05 from Kenneth Bayles, D.O.
- M.D. Rehab of Texas: Physical Performance Evaluation dated 11/10/05 from Mark Dodson, P.T.
- Dualer Extremity ROM Worksheet dated 11/03/05
- Center for Fracture Treatment and Orthopedic Surgery: Handwritten note dated 11/03/05
- Sherine Reno, M.D.: Electrodiagnostic Test Results dated 10/10/05
- Mid-Cities Neurology Associates: Electro-Diagnostic Interpretation dated 09/30/05 from Scott Hall, M.D.
- Prestige Imaging: MRI right knee dated 09/26/05
- DPPC: LLC Checklist dated 09/06/05
- Undated Workers' Compensation Questionnaire
- Kris Fields, D.C.: Undated memo
- Undated History of Present Complaint, Examination and Treatment Plan note (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

8th day of June 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Beth Cucchi