

MCMC

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

Date:	06/28/2006 Amended 06/29/2006
Injured Employee:	
Address:	
MDR #:	M2-06-1462-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for chronic behavioral pain management program for ten (10) sessions.

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 06/28/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Deny the chronic behavioral pain management program for ten (10) sessions.

CLINICAL HISTORY:

The injured individual is a 57 year old male with date of injury _____. The injured individual has a left shoulder injury, which has not responded to physical therapy (PT), injections, work hardening, and surgery. He currently takes Mobic only. He has had a pain program evaluation which noted pain scores of 8/10, sleep pattern of 7 hours per night, Beck Depression Inventory (BDI) of 23 and Beck Anxiety Inventory (BAI) of 24 (both moderate to severe), and a functional capacity of sedentary duty where his old job called for heavy. He has been denied the pain program in the past.

REFERENCE:

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

RATIONALE:

The injured individual is a 57-year-old male with date of injury ten years ago and a history of three shoulder surgeries. The injured individual was evaluated in 03/2006 for the pain program and was noted to be functioning at a sedentary level with moderate to severe levels of depression and anxiety and pain on testing. He has not had sufficient medication management for these problems as he is on Mobic only nor has he had psychological intervention to minimize these issues. Both these things need to be at least considered if not initiated prior to consideration of a chronic pain program as the injured individual has not yet maximized treatment options available to him.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 06/02/06
- MR-117 dated 06/02/06
- MR-100 dated 05/25/06
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 06/13/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 06/02/06
- MCMC: Statement dated 06/05/06
- Texas Property & Casualty Insurance Guaranty Association: Letter dated 05/30/06 from Cathy Hernandez, Cost Containment Lead
- Linda Morris: Memos dated 04/19/06, 04/03/06 and one undated
- Sherman & Associates, Inc.: Letters dated 04/13/06 (two letters – one is file copy) from Linda Morris, RN
- Valley Total Healthcare Systems: Request for an Appeal dated 04/10/06 from Desirae Valadez, LPC
- Harriett White: Memo dated 03/30/06
- Sherman & Associates, Inc.: Letter dated 03/28/06 from Harriett White, LVN
- Valley Total Healthcare Systems: Fax Cover sheet dated 03/27/06 with handwritten note
- Sherman Solutions: Preauthorization Advisor Review Form dated 04/03/06 from Charles Crane, M.D.
- Sherman Solutions: Preauthorization Advisor Review Forms dated 04/19/06, 03/30/06
- Valley Total Healthcare Systems: Letter dated 03/24/06
- Valley Total: Evaluation dated 03/22/06 from Desirae Valadez, LPC-1 with attached report from Fergus Dowling, LPT
- Regional M.R.I. Center: MRI left shoulder dated 06/12/97

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

28th ___ day of June 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Beth Cucchi