

MCMC

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

Date:	08/07/2006
Injured Employee:	
Address:	
MDR #:	M2-06-1667-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for spinal cord stimulator (SCS) trial lumbar.

DECISION: Upheld

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 08/07/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The SCS trial is not medically necessary.

CLINICAL HISTORY:

The injured individual is a 34 year old male with date of injury _____. The diagnosis is lumbar Failed Back Surgical Syndrome (FBSS) after two lumbar surgeries. His last surgery was in 2005 and he has since been deemed nonsurgical. The injured individual had a Designated Doctor Exam (DDE) in 07/2004, which recommended sacroiliac (SI) injections. The SCS trial has been denied multiple times for lack of a psychiatric evaluation, lack of documentation of radicular findings, and lack of follow up on the DDE.

REFERENCES:

- Bonica's Management of Pain. Third edition. Copyright 2000.
- ACOEM Guidelines. Copyright 2004; pg 307.

RATIONALE:

The trial is denied for multiple reasons. First, although Dr. Casey states the injured individual had a psychiatric evaluation, it is not presented for review. Second, after his last surgery in 2005 there is no indication any relevant injections or treatment were done despite a Designated Doctor Exam (DDE) evaluation which felt sacroiliac (SI) injections were warranted. Finally, there is no clear documentation of radicular pain, which is the primary reason the SCS trial is utilized.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 07/06/06
- MR-117 dated 07/06/06
- DWC-60
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 07/07/06
- AmTrust North America: Letter dated 07/11/06 from Kimberley Soukup, Claim Analyst
- MCMC: Invoice dated 07/10/06
- UniMed Direct: Letter dated 06/29/06 from John Yatsu, M.D.
- Handwritten letter from claimant dated 06/15/06
- Steven Casey, D.O.: Office note dated 05/16/06
- UniMed Direct: Notification letters dated 05/26/06, 05/22/06
- Steven Casey, D.O.: Pre Certification Faxes with transmission dates of 05/23/06, 05/17/06

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

7th day of August 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Beth Cucchi