

MCMC

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

Date:	04/07/2006
Injured Employee:	
Address:	
MDR #:	M2-06-0904-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

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

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 04/07/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Deny the ten additional pain sessions as not medically necessary.

CLINICAL HISTORY:

The injured individual is a 33-year-old female with a low back work injury in _____ which never resolved followed by another low back work injury on _____. Much of her physical therapy (PT) and other treatment was documented to be due to the _____ date of injury. Her low back pain symptoms existed prior to the _____ date of injury. The MRI of 09/2002, prior to the date of injury, was negative. The MRI of 10/2003 after the date of injury showed no change. The electromyogram (EMG) of 12/2003 was negative. The CT of _____ a year after the second date of injury, showed a small left L5 protrusion which could be age related and did not show up on any other prior study. Despite the essentially negative work up, the injured individual had multiple sessions of PT, injections, work hardening (although there is no indication she went), and a few weeks of a pain management program which noted she was noncompliant with her psychiatric medications although she had been noted to be very

depressed. She also had three Functional Capacity Exams, two of which stated she refused to do much of the testing and they were deemed invalid. Despite her noncompliance with the pain program and indication of minimal physical improvement with no change in medication status, they are requesting ten more sessions.

REFERENCE:

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

RATIONALE:

The injured individual is a 33 year old female with a Worker's Compensation injury in _____ but a history of a prior similar injury in _____ which involved the same symptoms and never resolved. Despite an entirely negative work up, the injured individual received numerous sessions of physical therapy (PT), medications, and injections. Despite lack of indication of attending work hardening, she was placed in a pain program in which she was noncompliant with their medication suggestions to address her severe depression. Despite a claim of severe depression by both her pain physicians and a Functional Capacity Exam (FCE) of 03/2004, there is no indication the injured individual was ever appropriately psychologically treated prior to the pain program. Despite two other FCEs that noted invalidity of effort, she was deemed to be at a light-medium capacity with job requirements of medium to heavy. Despite the indication from the pain program that this injured individual has made minimal physical improvement and no change in medication status, they are requesting more sessions. For all these reasons, this request is denied.

RECORDS REVIEWED:

Notification of IRO Assignment dated 03/13/06

MR-117 dated 03/13/05

DWC-60

DWC-73: Work Status Reports dated 02/12/04, 03/25/04, 04/19/04, 10/25/04, 11/22/04
(miscellaneous health care providers)

DWC-73: Work Status Report from S. Reddick, M.D. with return to work date of 09/27/04

DWC-73: Work Status Reports from Mark Ritchie, D.C. dated 09/10/03, 09/17/03, 10/01/03,
10/16/03, 11/13/03, 12/15/03, 02/27/04, 01/22/04, 03/05/04, 03/11/04, 04/15/04, 06/09/04

DWC-1: Employer's First Report of Injury or Illness (undated) with attached handwritten note
of explanation

MCMC: IRO Medical Dispute Resolution Prospective dated 03/20/06

MCMC: IRO Acknowledgment and Invoice Notification Letter dated 03/14/06

MCMC: Invoice dated 03/14/06

Fort Worth Health Care Systems: Letter dated 03/28/06 from Nick Kempisty, Chief Compliance
Officer

Downs-Stanford, P.C.: Letter dated 03/16/06 from John Fundis

Fort Worth Health Care Systems: Request for an Appeal dated 01/13/06 from Vickie Johns, MS,
LPC

Weekly Summary – Medical, Response to Treatment notes (handwritten) dated 01/03/06, 12/23/05, 12/16/05, 11/30/05, 11/17/05

Weekly Summary, Response to Treatment notes (handwritten) dated 01/03/06, 12/30/05, 12/23/05, 12/01/05, 11/30/05, 11/17/05,

Weekly Summary – Physical, Response to Treatment notes (handwritten) dated 12/30/05, 12/23/05, 12/16/05, 11/30/05, 11/17/05

Treatment Plan/Quality of Care notes (handwritten) dated 12/30/05, 12/23/05, 12/16/05, 11/30/05, 11/17/05

Fort Worth Health Care Systems: Letter dated 12/28/05 from Vickie Johns, LPC

Chronic Pain Program Treatment Records dated 12/27/05, 12/23/05, 12/16/05, 12/15/05, 12/13/05

Mental and Behavioral Health Consultation & Progress Note, Chronic Pain Program (handwritten) dated 12/27/05, 12/23/05, 12/20/05, 12/16/05, 12/13/05, 12/01/05, 11/16/05

Autogenic Script for Thermal Biofeedback Training dated 12/23/05, 12/21/05, 12/16/05, 12/15/05

Mental and Behavioral Health Consultation & Progress Notes (handwritten) dated 12/23/05, 12/16/05, 12/13/05, 12/01/05, 11/16/05

Medical Advantage Healthcare Systems Reevaluation (handwritten) dated 12/23/05, 12/15/05, 12/01/05

Interdisciplinary Pain Rehabilitation Program Daily Progress Notes (handwritten) dated 11/16/05 through 12/27/05

Interdisciplinary Pain Rehabilitation Program, Psychology Progress Notes, Group Therapy (handwritten) dated 11/15/05 through 12/27/05

Fort Worth Health Care Systems: Functional Capacity Exam dated 11/02/05 from Gerri Souder, D.C.

Fort Worth Health Care Systems: Evaluation dated 11/02/05 from Jana Downum, LPC (only first four pages available)

Fort Worth Health Care Systems: Evaluation dated 11/02/05 from George Esterly, LPC

Glenn Babus, D.O.: Report dated 09/26/05

Intracorp: Medical Claims File Review dated 08/18/05

Intracorp: Physician Advisor Review dated 08/08/05 from Kenneth Bayles, D.O.

Aaron Lloyd, M.D.: Follow-Up Visit notes dated 06/23/05, 04/11/05

Jamie Berarducci, APRN: Follow-Up Visit note dated 06/08/05

Duncanville Surgery Center: Operative Report dated 05/02/05 from Aaron Lloyd, M.D.

Surgery Center of Duncanville: Anesthesiology Pre-Op Assessment and Intra-Operative Record dated 05/02/05

Fort Worth Health Care Systems: Functional Capacity Exam dated 03/29/05 from Chad Dugas, D.C.

Fort Worth Healthcare Systems: Evaluation dated 03/29/05 from Jana Downum, LPC

Christy Golden, APN: Follow-Up Visit notes dated 02/25/05, 01/25/05

Duncanville Surgery Center: Operative Report dated 02/21/05 from Aaron Lloyd, M.D.

Surgery Center of Duncanville: Anesthesiology Pre-Op Assessment and Intra-Operative Record dated 02/21/05

Advanced Pain Medicine: Procedure History and Physical Exam dated 01/24/05 from Mary Clauson, RN

Gwen Clark, RN: Follow-Up Visit note dated 12/20/04
Marvin Van Hal, M.D.: Memo dated 11/15/04
Pinnacle Pain Management: History and Physical dated 11/05/04 from Gwen Clark, RN
Marvin Van Hal, M.D.: Report dated 10/25/04
Jacob Rosenstein, M.D.: Follow Up notes dated 07/15/04, 06/16/04, 06/02/04
Highpoint Rehabilitation Institute: FCE dated 06/30/04
USMD Surgical Hospital: Operative Report dated 06/18/04 from Jacob Rosenstein, M.D.
DNI: CT lumbosacral spine dated 05/10/04
Jacob Rosenstein, M.D.: History, Physical and Neurological Examination dated 04/19/04
Marty Hall, D.C.: Letter dated 03/25/04
Intracorp: Letters dated 03/08/04, 08/20/04, 01/12/05, 08/11/05, 09/26/05, 12/30/05, 01/19/06
from Intracorp Medical Department
Elite Rehab & Injury Center: Letter dated 03/08/04 from Mark Ritchie, D.C.
Elite Rehab and Injury Center: Office Visit Notes, Established Patient (handwritten) dated
09/16/03 through 02/27/04 from Mark Ritchie, D.C.
Elite Rehab and Injury Center: Functional Capacity Evaluation Overview & Summary Report
dated 03/03 and 03/05/04 from Mark Ritchie, D.C.
Elite Rehab and Injury Center: Prolonged Service with Direct Face-to-Face Patient Contact
(handwritten) dated 02/27/04 from Mark Ritchie, D.C.
Mark Ritchie, D.C.: Team Conference Notes (handwritten) dated 02/26/04
Trinity Orthopedics: Initial Consultation dated 02/12/04 from Larry Kjeldgaard, D.C.
Sybil Reddick, M.D.: EMG-NCV testing dated 12/12/03
Sybil Reddick, M.D.: Follow-Up Progress Notes dated 12/12/03, 01/15/04, 01/22/04, 02/19/04,
01/31/05, 02/26/05, 03/03/05, 04/07/05, 04/25/05, 05/19/05, 06/30/05
Mark Ritchie, D.C.: Report dated 10/20/03 with attached Exam Summary, Range of Motion
Exam, Muscle Testing Exam, Grip Exam
Elite Rehab and Injury Center: Computer-Assisted Global Active Range of Motion Report dated
10/20/03
Elite Rehab and Injury Center: Office Visit & Daily Notes dated 10/20/03, 10/14/03 from Mark
Ritchie, D.C.
Elite Rehab and Injury Center: Active Treatment Program reports (handwritten) dated 10/20/03
through 01/08/04
Rehab First: Initial Evaluation and Consultation dated 10/17/03 from Sybil Reddick, M.D.
Intracorp: Letters dated 10/15/03, 06/07/04, 07/22/04, 08/10/04, 08/11/04, 11/16/04, 02/01/05,
04/25/05, 11/09/05, 12/30/05 from April Futhey, Medical Review Specialist
M Diagnostics: MRI lumbar spine dated 10/10/03
Irving Radiological Associates: MRI lumbar spine dated 10/10/03, 09/27/02
rehab first: Referral form dated 10/09/03 from Mark Ritchie, D.C.
M Diagnostics: Referral forms dated 10/07/03, 10/06/03
Elite Rehab and Injury Center: Daily Modality/Passive Treatment Records dated 09/11/03
through 01/13/04
Elite Rehabilitation and Injury Center: Patient Daily Subjective Reports dated 09/11/03 through
01/13/04
Elite Rehab and Injury Center: Interim Evaluation dated 09/10/03 from Mark Ritchie, D.C.

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 April 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Beth Cucchi