

# MCMC

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

<b>Date:</b>	<b>09/18/2006</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-06-1818-01</b>
<b>DWC #:</b>	
<b>MCMC Certification #:</b>	<b>IRO 5294</b>

### REQUESTED SERVICES:

Preauthorization denied for chronic pain management for eight hours a day for ten days.

### DECISION: Upheld

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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 09/18/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The chronic pain management for eight hours a day for ten days is not medically necessary.

### CLINICAL HISTORY:

The injured individual is a 35 year old obese male with date of injury . The injured individual worked as a glass handler and has not been back to work since injuring his low back and left wrist. His lumbar MRI of 04/2006 showed mild facet changes and a small disc protrusion at L5. The injured individual has had a few sessions of trigger point injections/percutaneous electrical nerve stimulation (TPI/PENS) directed at this but has not had any pain management consult, epidural steroid injections (ESIs), or surgical consult done. He had 12 physical therapy/occupational therapy (PT/OT) sessions directed at his wrist after his MRI showed a questionable ligament tear. During this therapy, he advanced from sedentary/light duty to light/medium duty. The injured individual had a hand orthopedic consult in 05/2006 that noted he would need about six months to recover but did not recommend any interventions or even a pain program. The injured individual had a pain program evaluation in 06/2006 that noted minimal levels of depression and anxiety, pain scores 8/10, and the use of Lortab and Feldene. It stated the injured individual needed a pain program to deal with his functional limitations. It also stated he had tried a lumbar ESI (no documentation of that) and had a hand surgeon consult. The injured individual has not had work hardening (he responded well to just 12 PT/OT sessions so this would be more reasonable to get him back to work function), he has no evidence of any aggressive treatment directed at his wrist like an injection,

he has had no psychiatric/biofeedback, and he has had no back surgical or pain management consult or second opinion on his wrist. Due to the lack of all these reasonable levels of care, the pain program is premature.

**REFERENCE:**

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

**RATIONALE:**

The injured individual is not a candidate for a chronic pain program for multiple reasons. First, he did very well with only 12 physical therapy/occupational therapy (PT/OT) sessions and improved his function from sedentary/light to light/medium. His job is medium capacity so it would follow that more PT/OT or a work hardening program should achieve this. Second, the injured individual has had no reasonable lower levels of care other than trigger point injections/percutaneous electrical nerve stimulation (TPI/PENS) and PT/OT to even qualify for a chronic pain program. Other applicable interventions may be a lumbar epidural steroid injection (ESI), wrist injection, work hardening or conditioning, or psychotherapy. Finally, there is no indication the injured individual has had any specialist referral in regards to his low back and leg pain (either pain MD or surgeon) and he had only one orthopedic consult which only recommended letting him heal over time. A chronic pain program is an end line treatment. This injured individual is not qualified, as he has not tried a multitude of lower level interventions or therapies, which may help him. Also, his functional capacity exam (FCE) was done by the pain program so it may be biased. An independent FCE should be done, as should an independent medical exam (IME) to determine what treatment is reasonable.

**DATES RECORDS RECEIVED:**

08/30/2006

**RECORDS REVIEWED:**

- Notification of IRO Assignment dated 08/10/06
- MR-117 dated 08/10/06
- DWC-60
- DWC-15: Employers First Report of Injury or Illness dated
- DWC-73: Work Status Reports dated 03/10/06 through 08/14/06
- MCMC: IRO Medical Dispute Resolution Prospective dated 09/01/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 08/24/06
- William Dodge, M.D.: Undated Medical Dispute Resolution
- William Dodge, M.D.: Undated Rebuttal to Dr. Blauzvern's adverse determination dated 07/20/06
- Southwest Center Medical: Letter dated 07/21/06 from Deanna Reed, WC Specialist
- Shorman Solutions: Letters dated 07/20/06, 06/02/06 from Linda Morris, RN, Preauthorization Nurse
- Shorman Solutions: Letter dated 07/05/06 from Phyllis Holloway, Preauthorization Nurse

- Wol+Med: Letter dated 06/29/06 from William Dodge, M.D.
- Scott Irwin, M.A., L.P.C.: Initial Diagnostic Screening report dated 06/27/06 (page one only)
- Wol+Med: Functional Capacity Evaluation dated 06/26/06 from Jared Barker, L.O.T.
- The Psychological Corporation: BDI-II dated 06/22/06
- Shorman Solutions: Letters dated 06/05/06, 04/25/06, 03/27/06 from Harriett White, LVN, Preauthorization Nurse
- Lankford Hand Surgery Association: History and Physical Exam from David Zehr, M.D. dated 05/31/06
- Wol+Med: Nurse Case Manager Conference with Chalean Wilson dated 05/30/06 from William Dodge, M.D.
- Advanced Imaging: MRI left wrist dated 04/27/06, MRI lumbar spine dated 04/10/06
- Jared Barker, L.O.T. & William Dodge, M.D.: Initial Occupational Therapy Evaluations dated 04/25/06, 03/27/06
- Wol+Med: Peer to Peer Discussion with Dr. Honigsfeld dated 04/25/06 from William Dodge, M.D.
- Shorman Solutions: Statement dated 04/25/06
- Harriett White: Memo dated 04/24/06
- Wol+Med: Electrocortical Nerve Block notes dated 04/11/06, 04/03/06
- Patient Document Image dated 04/10/06
- Wol+Med: Physical Therapy Notes dated 04/03/06, 03/14/06
- Wol+Med: Occupational Therapy Notes dated 03/29/06, 03/28/06
- Bone & Joint Surgery Center: Handwritten report dated 03/20/06
- William Dodge, M.D.: Prescription note dated 03/28/06
- Wol+Med: Physician Record notes dated 03/28/06 through 08/14/06
- Wol+Med: Physical Medicine Notes dated 03/16/06 to 05/10/06
- Wol+Med: Functional Capacity Evaluation dated 03/11/06 from Scott Irwin, M.A., L.P.C.
- Cardinal CG: Incident Investigation Report signed 03/10/06
- Cardinal CG: Restricted Duty Report dated 03/10/06
- Custody Control Form dated 03/10/06
- Enviva: Lab report dated 03/10/06
- Enviva Health Services: Handwritten report dated 03/10/06
- Enviva Health Services: Radiographic Film Report (handwritten) dated 03/10/06
- Clinical Psychometric Research: Undated PAIS Self Report
- Scott Irwin, M.A., L.P.C.: Undated Initial Diagnostic Screening report
- Enviva: Undated prescription note
- Undated notice entitled, "Standard Reconsideration and Appeal Process"
- Undated article entitled, "The ODG library has realized considerable acceptance because"
- ODG: Official Disability Guidelines, Eleventh Edition
- Undated article, Section 3.C., entitled, "Interdisciplinary Pain Rehabilitation Programs"
- Undated article, (chapter 12) entitled, "Low Back Complaints"

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**

**\_\_\_18<sup>th</sup>\_\_\_ day of \_\_\_September\_\_\_ 2006.**

**Signature of IRO Employee:** \_\_\_\_\_

**Printed Name of IRO Employee:** \_\_\_\_\_