

# MCMC

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

<b>Date:</b>	<b>10/25/2006</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-07-0084-01</b>
<b>DWC #:</b>	
<b>MCMC Certification #:</b>	<b>IRO 5294</b>

### **REQUESTED SERVICES:**

Please review the items in dispute: Physical therapy three times per week for three weeks (97110, 97112, G0283).

### **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 10/25/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The medical necessity for the course of physical therapy captioned above, three times per week for three weeks, is not established upon review of the documentation.

### **CLINICAL HISTORY:**

Records indicate that the injured individual is a 36-year-old male who was allegedly injured during the normal course of his employment. The history reveals that on 05/\_\_\_/2006 some chains fell off a table and struck his back. He presented to an Emergency Room (ER) facility on 05/19/2006 complaining of low back pain. Thoracic and lumbar x-rays were reportedly negative for significant pathology. The injured individual was diagnosed with a low back contusion and released. The injured individual then presented to the office of the current chiropractic attending physician (AP) on 05/23/2006 complaining of low back pain, antalgia and anxiety. He was diagnosed with lumbar radiculitis and referred for MRI examination to rule out herniation of nucleus pulposus (HNP). MRI results included slight disc desiccation from L3-5 and were negative for significant pathology including disc lesions. Electrodiagnostic testing was

performed on 06/20/2006, which was essentially negative for significant indications of neuro-pathologies. A course of chiropractic care including therapeutic procedures is reflected in the documentation.

**REFERENCES:**

References utilized in this review may include but are not limited to the ACEOM Guidelines, Official Disability Guidelines, Health Care Guidelines by Milliman and Robertson Volume 7, North American Spine Society Guidelines, Texas Medical Fee Guidelines, and Procedural Utilization Guidelines.

**RATIONALE:**

The documentation fails to establish the medical necessity for the requested course of care captioned above. Specifically, the documentation establishes that the injured individual has attended a more than adequate course of physical therapy given the fact that there are no indications that any complicating factors or co-morbidities are present that could be reasonably expected to result in a protracted course of care. The documentation reflects that the injured individual has already attended an extensive course of physical therapy/chiropractic care. The requested course of care would exceed the provisions of the ACOEM Guidelines.

Additionally, the documentation contains comparative outcome assessment inventories. The results of these inventories are mixed at best. Lastly, the documentation reveals that the injured individual reports and/or exhibits some significant psychosocial overlay, which may be continuing to negatively impact the injured individual's progress.

Given the arguments raised in the discussion above, the medical necessity for the requested course of continuing physical therapy is not established.

**DATES RECORDS RECEIVED:**

Medical records received 10/10/2006.

**RECORDS REVIEWED:**

- Notification of IRO Assignment dated 10/02/06
- MR-117 dated 10/02/06
- DWC-60
- DWC-1: Employers First Report of Injury or Illness dated 05/19/06
- DWC-73: Work Status Reports dated 05/23/06 through 09/20/06
- MCMC: IRO Medical Dispute Resolution Prospective dated 10/10/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 10/03/06
- Arkansas Claims Management: Letters dated 10/09/06, 10/06/06 from Stacie Rhinehart, IRO Coordinator

- Allied Pain Management Clinic: Progress Notes Narratives dated 09/28/06, 08/31/06, 08/03/06, 07/13/06, 06/15/06, 06/02/06, 05/25/06 from Paul Bessonett, M.D.
- Aaron Calodney, M.D.: Follow Up Visit note dated 08/16/06
- Timothy Lambert, D.C.: Function Capacity Evaluation dated 08/01/06
- UniMed Direct: Adverse Determination notices dated 07/24/06, 07/14/06
- Outcome Assessment Narrative Summaries dated 07/11/06, 06/09/06, 05/30/06
- Timothy Lambert, D.C.: New Patient History and Physical Examination dated 06/28/06
- Timothy C. Lambert, D.C.: EMG/NCV report dated 06/20/06
- Allied Physician Pain Management: Reevaluation dated 06/09/06 from Timothy Lambert, D.C.
- Allied Physician Pain Management: Re-Assessment dated 05/30/06 from Timothy Lambert, D.C.
- Health South: MRI lumbar spine dated 05/26/06
- Allied Physician Pain Management: Office notes dated 05/24/06 through 09/28/06 from Timothy Lambert, D.C.
- Allied Physician Pain Management Clinic: New Patient Evaluation dated 05/23/06 from Timothy Lambert, D.C.
- Health At Work: Employee Charting Note dated 05/23/06
- Health At Work: Supplemental Charting Note dated 05/22/06
- East Texas Medical Center: Lumbar spine radiographs, thoracic spine radiographs dated 05/19/06
- ETMC: Patient Discharge Instructions dated 05/19/06
- ETMC: Nurse Note dated 05/19/06
- ETMC: Clinical Work-up dated 05/19/06
- ETMC: Physician Orders dated 05/19/06
- ETMC: Fall Risk Reassessment Tool dated 05/19/06
- ETMC: Physician Notes dated 05/19/06

The reviewing provider is a **Licensed/Boarded Chiropractor** and certifies that no known conflict of interest exists between the reviewing Chiropractor 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  
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**mcman@mcman.com ■ www.mcman.com**

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**

**\_\_\_25<sup>th</sup>\_\_\_ day of \_\_\_October\_\_\_ 2006.**

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

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