

# MCMC

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

<b>Date:</b>	<b>10/17/2005</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-06-0051-01</b>
<b>TWCC #:</b>	
<b>MCMC Certification #:</b>	<b>IRO 5294</b>

### REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization for chronic pain management program five (5) times a week for four (4) weeks.

### 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 10/17/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Deny the chronic pain management program as not medically necessary.

### CLINICAL HISTORY:

The injured individual is a 45 year old female with multiple complaints and prior shoulder surgery. She has documented osteoarthritis (OA) of the right knee, facet hypertrophy, cervical nerve impingement on CT as reported by her neurosurgeon. He did not recommend surgery but recommended pain interventions. The orthopedist recommended Synvisc and vocational rehabilitation. None of this has been done. The injured individual has also had only a few psychiatric sessions, no work hardening/conditioning, no functional capacity exam (FCE), no independent medical exam (IME), no pain management at all. For all these reasons the pain program is premature.

### REFERENCE:

**Bonica JJ ed. The Management of Pain. Third Edition, Copyright 2000.**

### RATIONALE:

The injured individual is a 45 year old female with date of injury \_\_\_ and complaints of neck, back, shoulder, wrist, hip, elbow pain and depression. The injured individual had right shoulder surgery after her injury. She has had no injections, although they were suggested by her orthopedist and a neurosurgeon, for her neck, back, and knee. She has had a few psychiatric

sessions and been placed on Cymbalta, Serax, and Seroquel by the psychiatrist. She is also taking Celebrex, Flexeril, Neurontin, and Valium but no narcotics. The psychologist states she is to have wrist surgery. The orthopedist states she will need a right total knee replacement in the future due to osteoarthritis (OA). The pain program was denied multiple times due to a lack of prior lower levels of care. This remains true as multiple injections, surgery, and medications are all available to this injured individual yet have not been tried. A Pain program is considered a tertiary level of care; at this point there are other viable treatment options available. Also, there is no evidence of a functional capacity exam (FCE) or objective independent medical exam (IME) being performed, of work hardening/conditioning to even determine her functionality objectively.

**RECORDS REVIEWED:**

- TWCC: Notification of IRO Assignment dated 09/20/05
- MR-117 dated 09/20/05
- MR-100 dated 09/12/05
- TWCC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 09/27/05
- Liberty Mutual Group: Letters dated 09/21/05, 09/14/05 from Carolyn Guard, RNC, Quality Assurance Consultant
- Intracorp: Letters dated 08/19/05, 08/12/05 from Intracorp Medical Department
- Intracorp: Letter dated 08/19/05 from Maury Guzick, D.C., Chiropractic Advisor
- Patient Information/Insurance Information sheet dated 08/12/05
- Whigham Chiropractic & Total Health Center: Fax Transmission Cover Sheet dated 08/12/05 with associated letter
- Intracorp: Letter dated 08/11/05 from Stephen Tomko, D.C., Intracorp Chiropractic Advisor
- Initial Assessment/Physical Examination from Dr. Whigham dated 08/08/05
- Case Event Summary notes for the period 08/08/05 through 09/08/05
- Orthopedic Care Center: Pre-Cert Request fax dated 08/02/05 from Erica Alvarez
- Emilio R. Cardona, M.D.: Chart Notes dated 07/29/05, 06/30/05, 06/13/05
- Thomas J. Mims, M.D.: Neurosurgical Evaluation dated 07/25/05
- Lubor Jarolimek, M.D.: Physician's Orders dated 07/13/05
- Lubor Jarolimek, M.D.: Office visit notes dated 07/13/05, 05/19/05, 04/12/05
- Psychiatric Consultation dated 05/02/05 from Emilio Cardona, M.D.
- Undated, unsigned case review addressed to Mrs. Bonugli, Texas Department of Insurance
- Joint Commission on Accreditation of Healthcare Organizations: References pages 99 through 103
- Information on Chronic Pain Program and Chronic Pain Management Program

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 any of the treating providers or any providers who reviewed the case for determination 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 Workers' Compensation commission  
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**

**17<sup>th</sup> day of October 2005.**

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

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