

# MCMC

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

<b>Date:</b>	<b>06/28/2006</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-06-1405-01</b>
<b>DWC #:</b>	
<b>MCMC Certification #:</b>	<b>IRO 5294</b>

### **REQUESTED SERVICES:**

Please review the item(s) in dispute: Pre-authorization denied 30 sessions of chronic pain management (97799).

### **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 06/28/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The medical necessity for the requested chronic pain management program is not established.

### **CLINICAL HISTORY:**

Records indicate that the above captioned individual, a 59-year-old male, was allegedly injured during the course of his normal employment that reportedly occurred on \_\_\_\_\_. The history reveals that he was struck on his left shoulder by a falling piece of pipe. He initially consulted with a local worker's injury treatment facility where a short course of passive and active care as well as medication management was administered. He was apparently symptom free within a short amount of time and was released from care with no apparent symptomatology and was deemed at maximum medical improvement (MMI) and assigned 0% impairment. He was released from care and returned to regular duty on 07/31/2000. He reportedly did not have ongoing significant symptoms until a cardiac surgical procedure was completed and then reportedly noticed increased symptomatology. On 05/23/2005, he sought the care and treatment

of the current attending physician (AP). An MRI dated 06/16/2005 revealed a small tear of the glenoid labrum, and subacromial bursitis. A course of active care was administered. Work Hardening was recommended. On 02/21/2006 a behavioral assessment opined that the injured individual was exhibiting pain disorder, chronic pain syndrome and a GAF score of 45-50. A course of chronic pain management has been requested.

**RATIONALE:**

The submitted documentation does not clearly reveal or substantiate the medical necessity for the requested course of care, chronic pain management. Specifically, it is not clear that all lower forms of care have been exhausted before launching into the tertiary care requested. While it is clear that the injured individual has participated in passive and active care apart from a tertiary program, the documentation does not reveal that the injured individual has been administered medication management or individual psychotherapy for the current psychosocial signs and symptomatology. It is incumbent upon the practitioner to seek the lowest form of care, which will effectively address the injured worker. It is not clear that the attending physician (AP) is seeking the least intensive form of treatment available which may be equally effective over the tertiary program requested.

Additionally, the physical performance examination dated 02/14/2006 does not clearly reveal a significant unilateral shoulder strength deficit. Values for the right shoulder were near, equal or in one instance exceeded the values for the left shoulder. This indicates the lack of lingering functional deficits when bilateral values are taken into consideration.

Furthermore, it is difficult, at best, to establish the work relatedness of this procedure. The documentation clearly establishes that the above captioned individual was injured on \_\_\_\_\_ and was successfully treated and released with no symptoms on 07/31/2000. No treatment was rendered and no apparent symptomatology was reported, recorded or experienced until shortly before 05/23/2005, some four years later. It should be noted that the question posed to this reviewer does not clearly distinguish if this is an issue of medical necessity or of work relatedness or both.

Lastly, the documentation indicates that the injured individual completed a behavioral assessment on 02/21/2006. The results of that assessment opined that the injured individual was experiencing both mild depression and anxiety.

Given the absence of apparent exhaustion of lower forms of care, the medical necessity for the requested course of chronic pain management is not established.

**RECORDS REVIEWED:**

Notification of IRO Assignment dated 06/06/06

DWC-60

DWC-69: Report of Medical Evaluation dated 08/03/00

DWC-73: Work Status Reports dated 07/12/05 through 03/16/06

MCMC: IRO Medical Dispute Resolution Prospective dated 06/13/06  
MCMC: IRO Acknowledgment and Invoice Notification Letter dated 06/06/06  
Flahive, Ogden & Latson: Letter dated 06/13/06 from Scott Bouton  
Flahive, Ogden & Latson: Letter dated 06/02/06 from S. Rhett Robinson  
San Antonio Spine and Rehab: Subsequent Evaluations dated 05/08/06, 02/02/06, 12/28/05, 10/27/05, 08/23/05 from Jason Eaves, D.C.  
San Antonio Spine & Rehab: Medical Dispute Resolution for Chronic Pain Management dated 05/01/06 from Jason Eaves, D.C.  
Intracorp: Letters dated 03/31/06, 11/01/05, 09/20/05  
Intracorp: Facsimile Transmission Cover sheet dated 03/28/06  
San Antonio Spine & Rehab: Pre-Authorization Request TWCC Advisory dated 03/27/06, 03/08/06  
San Antonio Spine & Rehab: Fax cover sheets with Requests for preauthorization dated 03/27/06, 03/08/06  
San Antonio Spine and Rehab: Letter of Reconsideration for Chronic Pain Management dated 03/24/06 from Jason Eaves, D.C.  
San Antonio Spine & Rehab: Behavioral Health Assessment Report dated 02/21/06  
San Antonio Spine and Rehab: Physical Performance Evaluation dated 02/14/06 from J. L. Eaves, D.C.  
Functional Capacity Evaluations dated 02/14/06, 9/02/05  
San Antonio Bone & Joint Clinic: Fax cover sheet with handwritten note dated 02/10/06  
San Antonio Bone & Joint Clinic: Letter dated 02/09/06 from Eradio Arredondo, M.D.  
Intracorp: Letter dated 01/04/06 from Leslie Hill, RN  
Intracorp: Letter dated 12/22/05 from Albert Garcia, LVN  
Alamo Bone & Joint Clinic: Consultation dated 12/15/05 from James Simmons, Jr., M.D.  
Visit notes dated 11/23/05 through 05/15/06 (claimant's name at top)  
San Antonio Spine and Rehab: Physical Performance Evaluation dated 09/02/05 from J. L. Eaves, D.C.  
San Antonio Spine and Rehab: Subsequent Evaluations dated 08/16/05, 07/12/05 from John Raimondo, D.C.  
San Antonio Spine and Rehab: Work Hardening Assessment Psychosocial History dated 08/09/05 from Rosaline Garza-Harris, LMSW-ACP  
San Antonio Spine and Rehab: Subsequent Evaluations dated 08/01/05 through 05/11/06  
Joe Flood, D.C.: Letter of Medical Necessity dated 07/05/05  
Invoice dated 07/05/05  
Healthy Technologies: Durable Medical Equipment Prescription dated 07/05/05  
San Antonio Spine and Rehab: Subsequent Evaluation dated 06/29/05 from Joe Flood, D.C.  
San Antonio Spine and Rehab: Initial Evaluation dated 06/27/05 from Dr. Garcia  
Premier Medical Imaging: Final Report dated 06/16/05  
San Antonio Spine and Rehab: Initial Evaluation dated 05/23/05 from Joe Flood, D.C.  
University Health System: Progress Notes dated 05/19/05, 05/05/05, 04/01/05, 03/24/05, 03/16/05 (handwritten)  
University Health System: Lab report dated 05/12/05  
University Health System: Patient Visit Summary Reports dated 05/05/05, 04/28/05, 03/31/05, 03/25/05, 03/16/05

Baptist Vascular Center: Upper Extremity Venous Duplex Scan dated 12/12/04  
Baptist Health System: Transcription dated 12/07/04  
Baptist Health System: Procedure note dated 12/08/04  
Operative Diagram dated 12/08/04  
Initial Medical Reports-Workers' Compensation Insurance dated 08/02/01, 09/17/01  
Concentra Medical Centers: Transcription notes dated 07/31/00, 07/26/00, 07/24/00 from Sharon Hatch, P.A.  
Concentra Medical Centers: Therapy Charge Ticket/Daily Progress Notes dated 07/28/00, 07/27/00, 07/26/00, 07/25/00  
Employer's First Report of Injury or Illness dated 07/26/00  
Undated Narrative History from Keith Johnson, M.D.  
Undated Patient Demographics  
University Health System: Undated Adult Preventive Care Flow Sheet  
Undated handwritten letter from Sean Wolfe with attached picture

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 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**

**28<sup>th</sup> day of June 2006.**

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

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