

MCMC

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

Date:	07/26/2006
Injured Employee:	
Address:	
MDR #:	M2-06-1615-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for outpatient (OP) diagnostic thoracic facet joint block, left T5-6, T6-7, and T7-8. Also OP thoracic facet joint block, left T5-6, T6-7 and T7-8 with fluoroscopy.

DECISION: Upheld

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 07/26/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Denied for outpatient (OP) diagnostic thoracic facet joint block, left T5-6, T6-7, and T7-8. Also denied for OP thoracic facet joint block, left T5-6, T6-7 and T7-8 with fluoroscopy.

CLINICAL HISTORY:

The injured individual is a 36 year old male with a motor vehicle accident (MVA) in_____. The injured individual had physical therapy (PT) in 2005 and 2006. He has had multiple lumbar and cervical epidural steroid injections (ESIs) and cervical facet injections. Thoracic MRI of 05/2006, which is the first thoracic study, showed some loss of disc signal but no other findings. Initially in 10/2005 he complained of neck and low back pain only with right arm pain and MRIs of the neck and lumbar spine were done in 09/2005. He did not complain of mid back pain until 12/2005. There is no real thoracic facet exam or thoracic diagnosis by Dr. Lall (pain physician) until 05/16/2006. The initial visit of _____ states the injured individual complained of neck, mid back, and lumbar pain but there is no thoracic exam done nor is this part of the diagnosis for months. His Primary Care Physician (PCP), Dr. Thomas, does not mention these complaints or any thoracic diagnosis either in_____. There is no mention of thoracic

symptoms by his PCP until 04/28/2006. An Independent Medical Exam (IME) of 06/2006 noted lumbar and cervical injury only and noted the treatment had been extensive.

REFERENCES:

- ACOEM Guidelines. Copyright 2004.
- Bonica's Management of Pain. Third edition. Copyright 2000.

RATIONALE:

The thoracic facet injections are not medically necessary, as they cannot be related to the date of injury of _____. No diagnosis of thoracic component was noted for eight months. No work up for the thoracic spine was done for eight months. Neither the pain physician nor the Primary Care Physician (PCP) noted any thoracic findings for eight months after injury, and the Independent Medical Exam (IME) of 06/2006 did not mention thoracic facet syndrome as a diagnosis or complaint.

RECORDS REVIEWED:

Notification of IRO Assignment dated 06/20/06
MR-117 dated 06/20/06
DWC-60
DWC-1: Employer's First Report of Injury or Illness
DWC-6: Supplemental Report of Injury dated 01/27/06
DWC-22: Required Medical Examination Notice dated 04/26/05
DWC-32: Request for Designated Doctor dated 06/26/06
DWC-73: Work Status Reports dated 09/12/05 through 01/31/06 and two undated with return to work dates of 03/29/06 and 06/14/06
MCMC: IRO Acknowledgment and Invoice Notification Letter dated 06/20/06
MCMC: IRO Medical Dispute Resolution Prospective dated 07/10/06
MCMC: Statement dated 06/21/06
Brian C. Buck, M.D.: Letter dated 06/14/06
JI Specialty Services: Letter dated 06/06/06 from UM Medical Director with attached Request for Reconsideration (Appeal) Process
Texas Council Risk Management Fund: Letter dated 05/23/06 from Medical Director
JI Specialty Services, Inc: Notices of Referral to Physician Advisor dated 05/19/06, 05/02/06, 04/06/06, 02/17/06
Brighter Days Outpatient Rehab: Letter dated 05/18/06 from Dianne Taylor, Director
JI Specialty Services, Inc.: Letter dated 05/04/06 from UM Medical Director
Woodlake MRI & Diagnostic Imaging: MRI thoracic spine dated 05/03/06, MRI lumbar spine dated 09/26/05, MRI cervical spine dated 09/13/05 (incorrectly dated as 09-13-50)
PMSI: Statement dated 04/30/06
Houston Pain Consultants: Fax cover sheet dated 04/25/06 with handwritten note
River Oaks Surgical Center: Operative Reports dated 04/20/06, 03/30/06, 03/02/06, 01/18/06, 12/08/05, 11/10/05, 10/13/05 from Arun Lall, M.D.

River Oaks Anesthesia: Fax cover sheet dated 04/07/06 with handwritten note
Pamela Johnson: Memo dated 04/05/06
Deanna M. Urban: Memo dated 04/04/06
Prescription & Statement of Medical Necessity dated 03/20/06 (handwritten)
Brighter Days Outpatient Rehab: Request for Pre-Authorization dated 03/06/06
Texas Department of Insurance: Notice to Carrier of Injury dated 02/22/06
Pre-Authorization Logs dated 02/17/06 through 05/31/06
Review Med, L.P.: Request for Physician Advisement dated 02/15/06, 04/06/06, 04/13/06, 05/02/06, 05/19/06, 05/31/06 and one undated
Pre-Authorization Requests with Medical History dates of 02/14/06 through 05/18/06
Physician Care & Diagnostics: Letter dated 01/12/06 from Janice Tse
Flavia L. Thomas, D.O.: Office notes dated 04/28/06, 02/28/06, 01/31/06, 10/27/05, 09/12/05, 09/26/05, 11/29/05
River Oaks Surgical Center: Discharge Instructions dated 11/10/05
River Oaks Surgical Center: Intraoperative Record dated 11/10/05
River Oaks Surgical Center: Post Anesthesia Care Unit Report dated 11/10/05
Worker's Compensation/Occupation Injury Insurance Verification Form dated 11/09/05
Dixie Daniels: Memo dated 10/27/05
River Oaks Surgical Center: Anesthesia Records dated 10/13/05, 11/10/05, 12/08/05, 01/18/06, 03/02/06, 03/30/06, 04/20/06
Gordon White, M.D.: Statement dated 10/12/05
JI Specialty Services, Inc.: Pre-Authorization Requests dated 10/10/05 through 05/31/06
Houston Pain Consultants: Pre-Authorization Request Forms dated 10/07/05 through 05/31/06 (handwritten)
Houston Pain Consultants: Follow-Up Evaluations dated 10/04/05 through 06/28/06 from Arun Lall, M.D.
James Tyler, D.O.: Statement dated 10/04/05
Gordon White, M.D.: Office Visit note dated 10/03/05
Darryl Cuda, M.D.: Statement dated 10/03/05
K Clinic: Physician Progress Report (handwritten) dated 09/30/05
Thomas Welch, M.D.: Statement dated 09/29/05
Thomas Welch, M.D.: Office note dated 09/22/05
Physician Care & Diagnostics: Electrodiagnostic report dated 09/20/05
Houston Pain Consultants: Initial Evaluation dated 09/19/05 from Arun Lall, M.D.
Brighter Days Outpatient Rehab: Handwritten office notes dated 09/14/05 through 04/24/06
Brighter Days Outpatient Rehab: Patient Daily Notes (handwritten) dated 09/14/05 through 04/20/06
Houston Fire Department: Incident report dated 09/07/05
Physician Protal: Cervical spine radiographs dated 09/08/05
Christus St. Joseph Hospital: Emergency Physician Record MVA dated 09/07/05 with attached Discharge Summary, Work or School Excuse and Registration Face Sheet
Physician's Ambulatory Surgery Center: Operative Report dated 09/07/05 from Darryl Cuda, M.D.
Gonzales Chiropractic and Rehabilitation Center: Office notes dated 08/10/05, 08/22/05, 08/30/05, 09/16/05

Undated Preauthorization Response from Marvin Van Hal, M.D. (three)

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

26th day of July 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Beth Cucchi