

# MCMC

## IRO Medical Dispute Resolution M2 Prospective Pre-Authorization IRO Denial Notification Letter

Date: 12/01/2004  
Injured Employee:  
MDR #: M2-05-0042-01  
TWCC #  
MCMC Certification #: 5294

Requested Service: Cervical Discogram with CT Scan.

MCMC llc (MCMC) is an Independent Review Organization (IRO) that has been selected by The Texas Workers' Compensation Commission (TWCC) to render a recommendation regarding the medical necessity of the above requested service.

Please be advised that a MCMC Physician Advisor has determined that your request for M2 Prospective Medical Dispute Resolution on 12/01/2004 concerning the medical necessity of the above requested service is hereby Denied based on:

### REVIEW DATA:

- \*TWCC notification of IRO assignment
- \*Medical dispute resolution request/response form
- \*Table of disputed services
- \*Travelers letter to Dr. Robert Urrea dated 08/10/2004
- \*Travelers UR letter to Dr. Urrea dated 07/27/2004

There is a lack of any objective clinical findings to justify the requested procedure. Therefore, the Cervical Discogram with CT Scan cannot be considered medically necessary.

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5).

The reviewing provider is a Board Certified Orthopedic Surgeon and certifies that no known conflict of interest exists between the reviewing chiropractor 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 TWCC's Approved Doctor List.

### Your Right to Request A Hearing

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 (ten) days or your receipt of this decision (28Tex.Admin. Code 142.5©.)

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28Tex.Admin. Code 148.3©.)

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**

**\_\_ 1 \_\_ day of \_\_ December \_\_ 2004.**

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

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