

MCMC

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

Date: 01/03/2005
Injured Employee:
MDR #: M2-05-0337-01
TWCC #
MCMC Certification #: 5294

DETERMINATION: Deny

Requested Services:

Please review the item in dispute regarding the medical necessity of the proposed 30 sessions of a chronic pain management program, regarding the above-mentioned injured worker.

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 an M2 Prospective Medical Dispute Resolution on 11/15/2004, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The chronic pain program is not medically necessary.

This decision is based on:

- Notification of IRO Assignment dated 11/15/2004
- TWCC MR-117 dated 10/28/2004
- TWCC-60s stamped received 11/12/2004 3 pgs
- Forte Notice of Intent to Issue an Adverse Determination dated 9/9/2004
- Forte Notice of Utilization Review Findings dated 10/21/2004 2 pgs, 09/28/2004 (2 pgs) , 09/24/2004 (2 pgs); Authorization for Requested Services dated 10/20/2004
- Letters from Interdisciplinary Pain Management of Huntsville dated 12/27/2004, 8/5/2004
- TWCC-69 Stamped received 10/27/2004
- History and Physicals, Texas Academy of Pain Management dated 11/09/2004 3 pgs, 8/13/2004 4 pgs
- TWCC-69s dated 8/11/2003, 8/13/2004
- History and Physical, Interdisciplinary Pain Management of Huntsville dated 4/28/2004 3 pgs, Progress Report dated 8/5/2004
- Letter to Dr. E from Dr. P dated 9/20/2004 2 pgs
- Medical Report, Peck Chiropractic & Rehabilitation Center dated 1/20/2004 2 pgs
- Electromyography Report Upper Extremity Dated 8/3/2004
- EEG/EMG Report dated 8/3/2004 2 pgs

- History and Physical, The Woodlands Sport Medicine Center dated 4/22/2004 5 pgs.
- MRI of brain and cervical spine dated 10/15/2003 3 pgs.
- Interdisciplinary Pain Management of Huntsville Office Notes dated 6/16/2004
- Office Notes, Dr. P, 8/14/2003 to 11/4/2004
- Session Report 6/23/2004 3 pgs
- Notice of Utilization Review Findings dated 9/10/2004 3 pgs
- Pre Authorization Peer Review Form dated 9/9/2004
- TWCC Preauthorization Requests dated 9/3/2004, 9/21/2004, 10/15/2004
- Office Notes, Interdisciplinary Pain Management of Huntsville, 5/5/2004 (2 pgs)
- TWCC 73s stamped:
- “faxed 5/12/2004”, “received 3/4/2004”, “received 3/18/2004”, “faxed” and dated 4/15/2004, “received 3/18/2004”, “received 3/16/2004”, “received 2/27/2004”, “received 12/29/2003”, “received 1/30/2004”, “received 11/20/2003”, “received 12/5/2003”, “received 10/31/2003”, “received 8/19/2003”, “received 11/15/2004”
- Forte Notice of Utilization Review Findings dated 9/28/2004 2 pgs

The injured individual is a 55-year-old female with cervical pain. An MRI showed moderate stenosis and bulges at several levels and an EMG was positive for left C7 and bilateral C6 radiculopathy. The injured individual has had PT, medications, individual psych, and biofeedback with only some relief. Normally, her condition would be treated with ESIs then surgery. She also has a cerebral lesion unrelated to her WC injury, precluding ESIs due to the possibility of increased intracranial pressure problems. However, she may still be a surgical candidate and the last note from the pain physician dated 12/27/2004 states she is awaiting a second opinion. Her IMEs have made the same recommendations prior to consideration of a pain program.

The pain program was denied twice due to lack of attempt at lower levels of care and lack of follow-up with the surgical consult. The determination to deny is reasonable, as a chronic pain program represents a tertiary level of care when all else has failed to benefit the injured individual. Surgery appears to be the treatment of choice for her neck; a chronic pain program will not change that scenario. Until surgery is tried or ruled out, the chronic pain program is premature.

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

The reviewing provider is a Boarded Anesthesiologist and certifies that no known conflict of interest exists between the reviewing Anesthesiologist and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO.

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

4 day of January 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____