

MCMC

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

Date: 1/21/2005
Injured Employee:
MDR #: M2-05-0503-01
TWCC #
MCMC Certification #: 5294

DETERMINATION: Deny

Requested Services:

Please address prospective medical necessity of the proposed ten sessions of chronic behavioral pain management.

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 12/15/2004, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Ten additional sessions of chronic pain management are not medically necessary.

This decision is based on:

- Notification of IRO Assignment dated 12/15/2004
- TWCC MR-117 dated 12/15/2004
- TWCC-60 3 pgs
- ___ letters dated 10/15/2004, 10/27/2004, 01/04/2005
- Kemper Insurance Company Peer Review dated 03/31/2003
- Advantage Healthcare Systems letters dated 10/11/2004 3 pgs, 10/25/2004 4 pgs; Daily office notes and weekly summaries dated 9/1/2004 to 10/13/2004 150 pgs; Request for Preauthorization dated 9/16/2004, 8/13/2004, 9/17/2004, 10/11/2004, Request for Reconsideration dated 10/25/2004 5 pgs; Evaluation dated 8/9/2004 7 pgs;

The injured individual is a 46-year-old female with a date of injury (DOI) of _____. She subsequently had lumbar surgery with subsequent findings of lumbar failed back surgery syndrome (FBSS). She began a multidisciplinary pain program on 09/01/2004 after a pain evaluation done on 08/09/2004 recommended her for the program. The evaluation notes that the injured individual had injections, PT, work conditioning, and work hardening. She was taking hydrocodone twice per day, vioxx, carisopndryl for spasms, and celexa. Her pain score was 8/10, she was sleeping 3-4 hours, BDA was 48 and Hamilton depression was 33. She then engaged in 20 chronic pain sessions. Her final assessment, done on 10/11/2004, states that her medications were hydrocodone, celexa, xanax, and lexapro. The progress towards her goals were

minimal to mild. The BAI was 29, Hamilton depression was 37, and pain score at 7/10 with sleep reported at three hours. Her daily progress notes beginning 09/01/2004 through 10/05/2004 consistently show poor body mechanics, slow pace, excessive pain behavior and poor effort to benefit from the program. She had 20 consecutive sessions with no improvement in pain, no lessening of medications, no improvement in function or pain behaviors, and only some improvement in her depression and anxiety testing levels. After twenty pain management sessions, the injured individual exhibited almost no improvement. The injured individual had an adequate trial in the pain program but failed to benefit from its modalities. Therefore, continuation of this program is not warranted.

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

 21 day of January 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____