

# MCMC

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

Date: 1/25/2005  
Injured Employee:  
MDR #: M2-05-0506-01  
TWCC #  
MCMC Certification #: 5294

DETERMINATION: Approve

Requested Services:

Please address prospective medical necessity of the proposed ten sessions of chronic behavioral pain management, 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 12/13/04, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The 10 chronic pain sessions are medically necessary.

This decision is based on:

- TWCC Notification of IRO Assignment dated 12/13/2004
- TWCC MR-117 dated 12/13/2004
- TWCC-60 stamped received 11/29/2004 3 pgs
- St. Paul Travelers reviews dated 9/28/04, 10/25/04 2pgs
- Bexar County Healthcare Systems letters dated 1/12/05, 8/18/04 2 pgs, 10/12/2004 3 pgs; Evaluation dated 8/9/04 5 pgs, Testing results dated 9/8/04 18 pgs
- Millennium Medical Imaging, MRI report of LS spine dated 1/15/99
- Neurological Services, Inc, Neurological Testing results dated 4/20/99 4 pgs
- Alamo City Imaging MRI of LS spine dated 1/6/00 3 pgs
- Organized Healthcare Services letter dated 1/24/2000
- Dr. G letters dated 2/2/00, 3/20/00, 8/22/00; Office Notes dated 12/4/00 to 6/7/01 3 pgs, 12/12/03 to 8/4/04 6 pgs
- The Methodist Specialty and Transplant Hospital Operative Reports dated 11/2/00 1 pg, 10/22/02 4 pgs, 10/28/03 1 pg
- TWCC 69 dated 6/7/01
- San Antonio Diagnostic Imaging Lumbar MRI report dated 7/30/02
- Snowden EMG/NCS Services Study dated 8/4/03 4 pgs

The injured individual is a 35-year-old male with date of injury (DOI) of \_\_\_\_\_. He has had intradiscal electrothermal therapy (IDET) L5/S1 in 11/2000, surgery in 2002,

injections, psychological treatment, biofeedback, work conditioning and work hardening. His reliance on medications continued, with ongoing pain rated 6-8/10, and symptoms of depression/anxiety.

His Attending Physician's (AP) letter dated 06/07/2001 states he was at MMI and was released back to work with an impairment rating of 13%. Subsequently, he had a laminectomy/fusion in 10/2002 with ongoing pain. The S1 screws were felt to be loose in 12/2003 and were removed in 06/2004. A pain management program was suggested in 08/2004. His pain evaluation notes he is taking vicodin, ambien, soma, and vioxx. He sleeps three hours per night, is angry and irritable, shows signs of depression and anxiety and tested at high levels for both. He is deconditioned, weak, and fatigues easily. He is noted to be motivated to return to work and ten sessions of the pain program is requested. The chronic pain program was denied twice as it was felt he needed psychological intervention, not a pain program. The injured individual has had psychological intervention in the past related to this injury. He is now at a tertiary level of care with no other interventions or surgery offered. It is appropriate to engage him in a chronic pain program for increased physical/psychosocial function and decreased reliance on pain medications.

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**

**25   day of   January   2005.**

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

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