

MCMC

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

Date.....1/14/05
Injured Employee.....
MDR #.....M2-05-0673-01
TWCC#.....
MCMC Certification #..5294

DETERMINATION: Denied

Requested Services:

Please address prospective medical necessity of the proposed pain management program six times per week for eight weeks, 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 1/14/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The requested chronic pain program is not medically necessary.

This decision is based on:

- TWCC Notification of IRO Assignment dated 1/14/05
- TWCC MR-117 dated 1/14/05
- TWCC-60 stamped received 1/11/05
- Concentra: review dated 11/9/04; appeal letter dated 11/24/04
- High Point Rehabilitation Institute: Letter to TWCC dated 12/3/04; Preauthorization Request dated 10/19/04; Peer to Peer Conference with Dr. Brylowski-report dated 10/26/04; Physician Conference by phone with Dr. Brylowski dated 10/26/04; Chronic Pain Evaluation dated 2/7/03; Preauthorization Request (Reconsideration) dated 11/15/04; Individual Psychotherapy Note dated 4/7/03 to 10/22/03; Letter to Dr. Rosenstein dated 11/14/03; Chronic Pain Evaluation dated 3/12/04
- MMPI-2 results dated 3/12/04
- MBMD Millon Behavioral Medicine Diagnostic Interpretive Report dated 3/12/04
- P-3 Pain Patient Profile Interpretive Report dated 3/12/04
- Jacob Rosenstein, MD: H&P dated 9/18/96; Follow-up notes dated 11/6/96 to 10/12/04
- The Center-Grand Prairie: Radiology Summary Fax dated 5/2/97
- Diagnostic Neuroimaging: Lumbar Myelogram with post myelographic CT dated 2/11/97, 3/31/99, 8/19/02; Lumbar Radiographs dated 5/1/97, 11/6/97, 5/10/02, 11/6/02, 1/8/03, 2/20/03, 4/7/03, 7/10/03, 5/26/04, 8/17/04; Upper Extremity Electrodiagnostic Study dated

12/4/01; Lower Extremity Electrodiagnostic Study dated 6/11/02; LS spine CT dated 8/8/03, 4/21/04; Motor and Sensory Nerve Studies dated 11/14/03

The injured individual is a 49-year-old male with date of injury of ____, which led to multiple lumbar surgeries, the last in May of 2004. His history also included L3-5 fusions in 1983 and 1993. The injured individual had a pain evaluation done prior to his latest surgery in 03/2004, which found BDI 25 and BDA of 17. The Neurosurgical follow-up note of October, 2004, states the he was doing very well and is running every day. Medications were hydrocodone and carisoprodol. The note then goes on to say the injured individual has "signs of psychological disturbance, mental stress, anxiety, agitation, and he may be overusing his narcotics". Unfortunately, there are no findings in the same note to justify this statement. It offers no subjective statements to support this, any excessive drug-seeking behavior to support this, or any objective findings to support this. His earlier pain evaluation noted moderate depression levels and minimal anxiety levels, but this was done prior to his last surgery from which he appears to have done well. Also, his pain program evaluation was done almost a year ago, prior to his latest surgery.

The last pain request dated 12/2004 states the he is showing belligerent behavior, has failed to respond to treatment, and is at risk for a sedentary lifestyle. This is in complete opposition to the Neuro note of 10/12/2004, which has the injured individual running every day. Based on that, the pain program is not supported. Also, he has not had any psychiatric treatment (counseling or medications) to address his "belligerent behavior" and other noted but unsupported psychological problems.

For all these reasons, there is insufficient evidence to support necessity for a pain program.

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

14th day of _February_ 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____