

MCMC

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

Date.....2/22/05
Injured Employee.....
MDR #.....M2-05-0708-01
TWCC#.....
MCMC Certification #..5294

DETERMINATION: Denied

REQUESTED SERVICES: Please review the item in dispute to address the prospective medical necessity of the proposed two weeks chronic 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 1/25/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The requested two week chronic pain program is not medically necessary.

This decision is based on:

- TWCC Notification of IRO Assignment dated 1/25/05
- TWCC MR-117 dated 1/25/05
- TWCC-60 stamped received 1/5/05
- Unimed Direct LLC: Review Determinations dated 11/10/04, 11/24/04, 12/30/04; Request for Reconsideration letter dated 11/15/04
- Valley Total Healthcare Systems: Request for Reconsideration dated 1/11/05, Precertification Requests dated 11/8/04, 12/27/04; Evaluation dated 10/26/04; FCE dated 10/26/04; Program Schedule
- South Texas Neurological Center, PA: letter re: EMG Exam and Nerve Conduction Velocities of 5/22/03 with results
- Southern Orthopedics & Sports Medicine PA: Follow-up visit notes dated 6/7/04, 2/16/04, 3/10/04 6/7/04
- Lower Extremity CPT Evaluation done 6/10/04
- Sensory Nerve Conduction Threshold Test done 6/10/04
- Marisa Inigo, MD: Report of Medical Evaluation dated 12/10/03
- Action Physical Therapy: Rx for FCE and Psych Eval dated 2/19/04; Initial FCE dated 2/19/04

The injured individual is a 40-year-old male with date of injury (DOI) of ____.
The diagnosis is low back and left leg pain. His EMG was negative and the injured

individual was taking celebrex and skelaxin. His MRI showed HNP L3/4 with bulge at L5/S1. Surgery was recommended by his treating physician in 03/2004.

The injured individual had a Functional Capacity Examination (FCE) in 02/2004 which showed some decreased strength in the left leg at 4+/5, which is minimal, and some decreased lumbar range of motion (ROM). Although he was able to perform all job-related maneuvers within his weight class job description (lifting between 16 and 31 lbs.), the FCE determination was that he was capable of only light duty and a chronic pain program was recommended. However, on his Material Handling test, provided in this review, he was in the range of expected lifting abilities for his job description. The injured individual had another FCE in 10/2004, which noted his lumbar ROM was moderate to normal, that he was able to perform only light duty and could not lift more than 20 lbs. It recommended a work hardening program. His psychiatric evaluation from 10/2004 said that he was mildly depressed and moderately anxious, pain was 4/10, and he slept six hours a night. It recommended psych and biofeedback as well as a chronic pain program.

The injured individual has apparently only had a short course of physiotherapy (PT) and no narcotic medications, neuroleptics, or psychotropics. He has not had psychological treatment, biofeedback, injections, surgery, work hardening, or work conditioning. Each evaluation he has had in this review recommended something different. His attending physician (AP) recommended surgery, psychiatry recommended psych and biofeedback, the first FCE suggested a pain program, and the second FCE wanted work hardening.

He has not had injections, medication trials, work conditioning/hardening, or individual psych/biofeedback, all of which are listed by his evaluators as recommended protocols. His AP stated that he was a surgical candidate in 03/2004, yet there is no indication that has been worked up.

Until it is clear that this injured individual has tried all available treatment options, the pain program is not medically necessary because there are multiple other lower level of care options available to him.

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

__22nd__ day of __February____ 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____