

MCMC

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

Date:	5/11/05
Injured Employee:	
Address:	
MDR #:	M2-05-1307-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES:

Review the item in dispute to address prospective medical necessity of the proposed chronic pain management program x twenty sessions, regarding the above mentioned injured worker.

DECISION: UPHELD

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 4/12/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The proposed chronic pain management program x twenty sessions is not medically necessary.

CLINICAL HISTORY:

The injured individual is a 59-year-old female with an injury to her neck and shoulder after lifting to shoulder level while at work on ____.

RATIONALE:

The injured individual complained of neck and shoulder pain. MRIs of 12/2003 showed a small right rotator cuff tear, spondylosis and bulges at C5-7. An EMG of 01/2004 is negative. An IME of 3/2004 indicates she was treated with Naprosyn and physiotherapy (PT). Her diagnoses are cervical sprain and right rotator cuff impingement. In 06/2004, a neurosurgeon recommended cervical ESIs as she was nonsurgical due to a lack of radicular findings. The injured individual began work hardening in 07/2004. A repeat IME of 10/2004 noted that she was pending ESIs (which were later reported to have helped), finished work hardening with some improvement, was taking Bextra and Zoloft only, and was MMI with 7% impairment. An FCE of 12/2004 found she could do sedentary/light duty, her shoulder injury had resolved, and the neck pain was stable.

The submitted medical records contain no pain program evaluation, psychiatric issues noted or psychiatric evaluation, and she is stable on Bextra and Zoloft. An individual such as this, who has no narcotic issues, no obvious psychological issues, and no obvious functional limitations does not meet criteria for entrance into a pain program. She is not a candidate for a pain management program at this point nor is there an evaluation or MD referral note for one in the provided records.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment
- TWCC MR-117
- TWCC-60
- Jeffrey M. Lust: Letter to MCMC dated 4/20/05
- Concentra: Adverse Determinations dated 1/18/05, 2/2/05
- Neuroscience Centers: Report of Upper Extremity Electrodiagnostic Study dated 1/5/04
- Central Imaging of Arlington: Report of MRI of R Shoulder dated 12/11/03; Report of MRI Cervical Spine dated 12/11/03
- Byron E. Strain, MD: Designated Doctor Exams dated 3/8/04, 7/6/04, 10/5/04
- Healthsouth Evaluation Center: Letter to MedConfirm dated 12/14/04; History and Physical dated 12/14/04; Testing Report dated 12/14/04
- Texas Peer Review: Review dated 2/16/04

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

11th day of May 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____