

# MCMC

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

<b>Date:</b>	<b>5/31/05</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-05-1335-01</b>
<b>TWCC #:</b>	
<b>MCMC Certification #:</b>	<b>5294</b>

### **REQUESTED SERVICES:**

Review the following item(s) in dispute: Pre-authorization denied for chronic pain management program 5x week for 2 weeks.

### **DECISION: UPHELD**

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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 4/26/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

**Denial of the pain program is upheld due to a lack of medical necessity and information.**

### **CLINICAL HISTORY:**

The injured individual is a 48-year-old male with a date of injury (DOI) of \_\_\_\_.  
In addition to low back and right leg pain, which is reported as possibly surgical, there is also a reference to a closed head injury with resultant cognitive dysfunction. There are no pain management notes, referrals for pain management, treatment history, or psychological evaluation/testing to support a request for a comprehensive pain program.

### **RATIONALE:**

There is a report of a neuropsych evaluation from 01/2005, stating the injured individual has a cognitive disorder due to a closed head injury. His chiropractor states in a prior review that an independent medical examiner recommended surgery, but this has not been done. There are only two prior reviews included and both deny the pain program due to a lack of documentation of prior treatment, lack of a pain program medical and psychological evaluation, and his cognitive disorder. Based on these reviews and no further information, the pain program is not warranted.

### **RECORDS REVIEWED:**

- TWCC Notification of IRO Assignment
- TWCC MR-117
- TWCC-60

- UniMed Direct, LLC: Adverse Determination letters dated 2/16/05, 3/8/05.

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**

**31<sup>st</sup> day of May 2005.**

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

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