

MCMC

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

Date:	5/17/05
Injured Employee:	
Address:	
MDR #:	M2-05-1462-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES:

Review the item in dispute to address prospective medical necessity of the proposed approval for chronic pain management program for 30 days.

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 4/20/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The requested thirty day chronic pain management program is not medically necessary.

CLINICAL HISTORY:

The injured individual is a female with a date of injury (DOI) of _____. She complained of neck and low back pain which, at best, was determined to be muscular in nature. She failed to convince two independent medical examiners (IME) and Functional Capacity Evaluation tester that she had legitimate findings to support her complaints. All radiological work-up has been negative as well. Other than testing positive for depression, there is no indication any of her pain complaints are legitimate, have an anatomic basis, or require treatment. If they are legitimate, there is no indication that appropriate treatment has been done yet.

RATIONALE:

The initial work-up of X-rays and MRI were all normal although the injured individual continued to complain of neck and back pain rated 9/10. Due to inconsistent findings, one designated physician suggested a psychological evaluation after the injured individual tested out with a BDI of 31 (major depression). An IME found multiple positive Waddell signs indicating malingering, symptom magnification, and secondary gain issues. An FCE documented unreliable effort and poor validity. The injured

individual has apparently not had any psychological treatment, no obvious pain management interventions, no mention of physiotherapy or work hardening, nor have her legitimacy issues been explored. At this point, a pain program is premature and unsupported.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment
- TWCC MR-117
- TWCC-60
- Flahive, Odgen & Latson: Letter to MCMC dated 4/28/05; Summary of Carrier's Position dated 4/18/05
- Concentra: Determination letter dated 1/26/05, 2/18/05

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

17th day of May 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____