

MCMC

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

Date:	06/30/2005
Injured Employee:	
Address:	
MDR #:	M2-05-1645-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES: Chronic Pain Management Program x 30 sessions.

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 06/30/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The denial of the chronic pain program was upheld.

CLINICAL HISTORY:

Male with date of injury of _____. There is a request from a surgeon for a comprehensive pain program dated 01/2005. However, this note does not state what prior treatment this injured individual had, only that he is nonsurgical. The pain evaluation done in 02/2005 states the injured individual takes no medications, has a pain score of 8/10, minimal depression/anxiety, and would benefit from their pain program.

RATIONALE:

The injured individual is a 43-year-old male with low back and leg pain from a date of injury of _____. The injured individual's MRI showed HNP L4/5 in 01/1997 then HNP L4-s1 in 2004. He had surgical notes as recently as 01/2005 stating he is nonsurgical. These notes did not state what treatment if any the injured individual has had. He had a pain evaluation done in 02/2005 which stated he is taking no medications although he was prescribed them in the past and he has a reported pain level of 8/10. His self reported depression and anxiety levels are 2/10 while his BDI testing is only 16. The psych evaluation states he lives in a van and has no vocational skills. It also states he had "injections" but there is no corroboration of this from the surgeon or any indication of what type of injections they were. There is no history of

work hardening/conditioning or prior psych therapy. The pain program is denied as the injured individual has no solid evidence of prior failed injections, prior work hardening or psychological treatment. The injured individual prior job was a laborer and there is no FCE to determine his current or prior capabilities. There is no indication he has failed all appropriate levels of care or that his pain levels would not be sufficiently controlled with appropriate medications

RECORDS REVIEWED:

- Letter from Flahive, Ogden & Latson 5/23/05
- Letter from Flahive, Ogden & Latson 5/10/05
- TWCC- 60 Medical Dispute Resolution Request/Response date of injury 6/15/96
- Corvel 3/30/05 letter
- Corvel 3/16/05 letter
- Corvel 3/31/05 letter
- Corvel 3/17/05 letter
- South Texas Spinal Clinic 1/19/05
- Laredo Open MRI 11/05/04
- South Texas Spinal Clinic 10/20/04
- South Texas Spinal Clinic 9/3/03
- David M. Hirsch. Electrodiagnostic study 8/29/03
- South Texas Spinal Clinic 7/9/03 Initial office visit.
- Hauser Radiology Associates 1/7/97
- Corvel Physician Advisor Referral Form. 3/14/05
- Pre-authorization request 3/14/05
- Positive Pain Management 2/17/05 Psychological evaluation Report.
- 2/17/05 Physical Performance Summary evaluation
- Positive Pain Management 2/17/04
- Corvel 3/17/05
- Reconsideration Request
- 3/24/05 Pre-authorization request.
- Positive Pain Management 3/24/05
- Corvel Rationale 3/16/05
- Positive Pain management 2/17/05
- Physical Performance Summary evaluation
- Positive Pain management individualized treatment plan 2/17/05
- Correct Care Clinic 2/17/05
- TWCC Notification of IRO Assignment 5/13/05
- TWCC MR-117 5/13/05
- TWCC-60
- Corvel rationale 3/30/05
- Corvel Rationale 3/16/05

The reviewing provider is a Boarded Anesthesiologist and certifies that no known conflict of interest exists between the reviewing Boarded 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

30th day of June 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____