

MCMC

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

Date:	07/14/2005
Injured Employee:	
Address:	
MDR #:	M2-05-1751-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES: Chronic behavioral pain management x 10 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 07/14/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The denial of pain program was upheld.

CLINICAL HISTORY:

The injured individual is a 52-year-old male with a date of injury of ___ and has a diagnosis of lumbar failed back surgery syndrome (FBSS) after multiple surgeries, injections, medications, and a pain program in 2003. This encompassed psych therapy, biofeedback, and medications. The injured individual's last lumbar surgery was hardware removal in 01/2005. The injured individual has BDI of 5 (minimal) and BAI of 15 (moderate) at this point. He has no recent pain program evaluation or request submitted with this case.

RATIONALE:

The injured individual is a 52-year-old male with a date of injury of ___ and has a diagnosis of lumbar failed back surgery syndrome (FBSS) after three surgeries. The injured individual had a full pain program in 2003. He has since stated that that program and all other therapy has failed to benefit him. It is not standard of care (SOC) or reasonable to repeat a chronic pain program as it represents the final level of care available. In this case, as it failed to help this injured individual, it is not reasonable to repeat it from this perspective.

RECORDS REVIEWED:

- Notification of IRO Assignment 5/24/05
- TWCC MR 117 5/24/05
- TWCC- 60
- Notification of Appeal Outcome 5/3/05
- First Health 4/12/05
- Flahive, Odgen and Latson 6/1/05
- Fernando T. Avila MD 2/2/05
- Dennis R. Gutzmann MD 1/24/05
- Methodist Specialty and Transplant hospital 1/11/05
- Fernando T. Avila MD 1/6/05
- Interventional Surgical Care 8/30/04
- MRI of lumbar spine 9/9/04
- C&H Medical Solutions 1/12/04
- First Health 4/12/05
- Notification of Appeal outcome 5/30/05
- Flahive, Odgen and Latson 5/20/05
- TWCC 60
- Bexar County HealthCare systems 6/13/05
- IRO medical dispute Resolution 6/1/05
- Bexar County Evaluation 3/24/05
- Bexar County HealthCare systems 3/30/05
- Bexar County HealthCare systems 3/30/05 14 pages
- Khym Zarzuela 3/30/05
- Bexar County HealthCare systems 4/6/05
- Bexar County HealthCare systems 4/22/05

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

14th day of July 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____