

MCMC

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

Date:	08/17/2005
Injured Employee:	
Address:	
MDR #:	M2-05-1939-01
TWCC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES: Chronic Pain Management program x 30 sessions.

DECISION: Upheld

IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 08/17/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The denial of chronic pain management program x 30 sessions is upheld.

CLINICAL HISTORY:

Records indicate that the injured individual was injured as the result of a work related injury that allegedly occurred on _____. The history reveals that the above captioned individual sustained injuries to the bilateral shoulders, neck and back as a result of a head on collision during the course of his employment. Chiropractic treatment, medication management, active care, passive care, consultative referrals, work hardening and individual counseling have been attended. Bilateral shoulder surgeries have been performed.

RATIONALE:

The documentation indicates that the injured individual has participated in an array of past medical services to include chiropractic management, medication management, consultative referrals, active and passive care, work hardening and individual counseling. The documentation does not establish what progress or response to care was demonstrated during the application of these treatment entities. The demonstration of past response to individual counseling, the psychological component of work hardening and past active and passive care would be vital components in determining the medical necessity of the proposed chronic pain management (CPM) program as well as serving as a reasonable predictor of the expected outcomes of the

CPM program. Furthermore, the documentation indicates that the injured individual currently has profound psychological symptomatology and suicidal ideations.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 06/21/05
- MR-117
- TWCC-60
- MCMC llc: IRO Medical Dispute Resolution Prospective letter dated 07/12/05
- Flahive, Ogden & Latson: Letter from Scott Bouton dated 07/07/05
- MCMC llc: IRO Acknowledgement and Invoice Notification Letter dated 06/21/05
- Flahive, Ogden & Latson: Letter from Steven Tipton dated 06/17/05
- San Antonio Spine and Rehab: Report dated 05/31/05
- Zurich Services Corporation: Non-Authorization After Reconsideration Notice dated 05/20/05
- San Antonio Spine & Rehab: Fax Request For Reconsideration dated 05/12/05
- San Antonio Spine and Rehab: Reconsideration Chronic Pain Management dated 05/07/05
- Zurich Services Corporation: Non-Authorization Notice dated 05/05/05
- San Antonio Spine and Rehab: Initial Evaluation dated 05/02/05
- San Antonio Spine & Rehab: Fax requesting services dated 04/29/05
- San Antonio Spine and Rehab: Physical Performance Evaluation dated 04/20/05
- San Antonio Spine and Rehab: Psychiatric Evaluation dated 04/20/05
- San Antonio Spine & Rehab: Pre-Authorization Request dated 04/07/05

The reviewing provider is a **Licensed Chiropractor** and certifies that no known conflict of interest exists between the reviewing chiropractor and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

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 August 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____