

MCMC

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

Date:	08/18/2005
Injured Employee:	
Address:	
MDR #:	M2-05-2028-01
TWCC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Chronic Pain Management Program for 10 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 08/18/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Uphold denial of chronic pain management program for 10 sessions.

CLINICAL HISTORY:

The injured individual is a 23 year old male with a shoulder injury for which he was referred to a chronic pain program. The injured individual has had multiple treatment modalities, but work hardening/conditioning are not listed. This is reasonable to attend prior to a pain program. Also, the necessity of a pain program is in question as the injured individual appears to have no psychological disturbances, depression, or anxiety and one large aspect of a pain program is to deal with these problems.

RATIONALE:

The injured individual is a 23 year old male with date of injury _____. The diagnosis is shoulder pain. The injured individual has had physical therapy (PT), chiropractic care, biofeedback, counseling, injections, surgery, and narcotic treatment. A chronic pain program is now being requested. It is noted that the injured individual has minimal depression or anxiety but sleeps 3 hours per night. The pain program was denied previously as it was felt the injured individual had no behavioral problems, his medications were not specified as far as dosages or frequency, and no indication all prior treatment has been exhausted. It is currently denied as the injured individual has not attended any work conditioning or hardening programs which would be appropriate lower levels of care. Also, the injured individual has minimal psychological

dysfunction and his problems appear to be functional limitations and medication reliance. A chronic pain program is premature at this time.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 7/6/05
- TWCC MR-117 dated 6/20/05
- TWCC-60
- Unimed Direct llc: Review dated 4/15/05 and 5/6/05
- Work Injury Recovery Center dated 5/3/05 3-pages from Victoria Curriane, MS, LPC.
- MCMC llc: IRO Acknowledgement and Invoice Notification Letter dated 7/6/05
- MCMC llc: IRO Medical Dispute Resolution Prospective dated 7/21/05.

The reviewing provider is a **Licensed /Boarded Pain Management/Anesthesiologist** and certifies that no known conflict of interest exists between the reviewing Pain Management/Anesthesiologist 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

18th of August 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____