

MCMC

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

Date:	09/15/2005
Injured Employee:	
Address:	
MDR #:	M2-05-2215-01
TWCC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization request additional ten sessions of the chronic pain program.

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 09/15/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Uphold denial of requested additional ten sessions of the chronic pain program.

CLINICAL HISTORY:

The injured individual is a 37 year old male with date of injury _____. The diagnosis is lumbar pain. The injured individual had an unknown amount of treatment prior to his pain program. He has had 20 sessions with no improvement documented in his physical functioning, pain scores, or depression levels. There is therefore no indication why an additional 10 sessions would be beneficial as the injured individual has not shown any progress after the first 20 sessions.

RATIONALE:

The injured individual is a 37 year old male with date of injury _____. His diagnosis is lumbago, myositis. The injured individual had 20 pain sessions thus far. The pain program began in 05/2005. An independent medical exam (IME) of 05/2005 stated the continued pain program was not necessary. The progress review letter dated 06/10/2005 states the injured individual has continued pain rated 6/10 after 20 sessions and he has had no improvement in the physical component of the program. According to the letter, he has not yet begun active range of motion (ROM) exercises. He continues to require motivation to be productive and his depression continues to require monitoring. Ten more sessions were requested. This injured individual has

made minimal to no progress during the past 20 sessions. Therefore, another 10 are not warranted.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 08/15/05
- MR-117 dated 07/29/05
- MR-100 dated 07/29/05
- TWCC-60
- Utilization Management: Letters from Carolyn Guard, RNC, dated 08/15/05, 08/09/05
- Liberty Mutual: Letters dated 07/21/05, 06/28/05 (first pages only)
- Intracorp: Report from Paul LaMay, DC, dated 07/19/05
- Intracorp: Report from Maury Guzick, DC, dated 06/28/05
- Healthtrust: CPMP Progress Review & Request for Additional Sessions from James Flowers, MA-LPC, dated 06/10/05
- Physical Therapy Progress/Treatment Notes dated 05/25/05, 05/20/05, 05/12/05
- Healthtrust: Office notes dated 05/12/05 through 05/26/05 from Laura Lopez, MS, LPC-I
- Treatment Plan dated 04/21/05
- Healthtrust: Undated report (signature illegible)

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

15th day of September 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____