

MCMC

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

Date:	10/13/2005
Injured Employee:	
Address:	
MDR #:	M2-05-2325-01
TWCC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization request for lumbar myelogram-CT.

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 10/13/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Uphold denial of the procedure lumbar myelogram-CT as not medically necessary.

CLINICAL HISTORY:

The injured individual is a 35 year old male with date of injury _____. There is no indication the injured individual has any new deficits which would warrant further diagnostic work up such as the myelogram/CT. According to the information sent, he has no neurological deficits, is taking no medications, and complains of back pain which has been chronic.

REFERENCE:

Bonica, JJ ed. The Management of Pain. Third Edition. Copyright 2000.

RATIONALE:

The injured individual is a 35 year old male with date of injury _____ and complaints of low back pain. The myelogram/CT was denied in 12/2004 due to the lack of a neurological deficit. There are no other clinicals provided to dispute this.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 09/08/05
- MR-117 dated 08/19/05
- TWCC-60

- MCMC: IRO Medical Dispute Resolution Prospective dated 09/27/05
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 09/08/05
- Flahive, Ogden & Latson: Letters dated 09/20/05, 09/06/05 from Gregory Solcher
- Zurich Services Corporation: Non Authorization Notices dated 08/02/05, 07/11/05

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 DWC's Approved Doctor List.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

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 13th day of October 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____