

MCMC

IRO Medical Dispute Resolution M2 Prospective Pre-Authorization IRO Approval Notification Letter

Date: 11/20/2004
Injured Employee:
MDR #: M2-05-0013-01
TWCC #
MCMC Certification #: 5294

Requested Service: Lumbar Discogram with CT Scan.

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 M2 Prospective Medical Dispute Resolution on 11/20/2004 concerning the medical necessity of the above requested service is hereby Approved based on:

- *Genex non-authorization recommendation letter dated 06/28/2004 and 07/30/2004
- *Table of disputed services
- *Dr. M office notes dated 06/10/2004 and 07/19/2004
- *Lumbar myelogram and post myelographic CT scanning with 3 D reconstruction exam dated 05/25/2004.

The request for a lumbar discogram with CT scan is considered medically necessary.

Dr. M's request for a lumbar CT discogram would be a reasonable and necessary study to help clarify the individuals confusing MRI, CT myelogram. Though there is some controversy on the usage of discogram, in this particular case, a CT discogram would be appropriate to determine the specific pain generator in the injured workers back, i.e. L4-L5 or L5-S1.

REFERENCE:

Orthopedic Knowledge Update, 7, page 640, regarding discogenic back pain and the use of discograms.

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5).

The reviewing provider is a Board Certified Orthopedic Surgeon 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 of 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

27th day of November 2004.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____