

# MCMC

## IRO Medical Dispute Resolution M2 Prospective Pre-Authorization IRO Denial Notification Letter

Date: 11/20/2004  
Injured Employee:  
MDR #: M2-05-0129-01  
TWCC #  
MCMC Certification #: 5294

Requested Service: Lumbar Nucleoplasty at L4-5 and L5-S1.

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 Denied based on:

- \*10 pgs Notification of IRO Assignment dated 09/24/2004
- \*Notice of Utilization Review Findings dated 06/18/2004, 07/02/2004, 05/18/2004, 04/13/2004, 02/17/2004
- \*1 pg Headache and Pain Center
- \*1 pg Notice of Disputed Issue and Refusal To Pay Benefits dated 10/06/2004
- \*DD Summary dated 09/24/2004, 08/19/2004, 07/05/2004, 06/16/2004, 05/15/2004
- \*TWCC Status Report dated 09/09/2004, 08/27/2004, 08/19/2004, 07/14/2004, 06/18/2004, 04/29/2004, 03/30/2004, 03/02/2004, 02/13/2004, 01/30/2004, 01/20/2004
- \*Letter of Medical Necessity dated 08/30/2004, 07/15/2004
- \*4 pgs EMG/NCV report
- \*Inquiry form date 03/04/2004
- \*Initial Medical Conference dated 07/12/2004
- \*Payment of Compensation or Notice of Refused/Disputed Claim dated 07/08/2004, 03/18/2004, 02/10/2004
- \*Initial Consultation 02/09/2004
- \* Neurosurgical associate document dated 06/25/2004
- \*Report of Medical Evaluation dated 06/14/2004
- \*IME dated 06/03/2004
- \*Documents dated 05/27/2004, 05/19/2004, 04/27/2004, 04/19/2004, 04/13/2004, 04/06/2004, 03/31/2004, 03/30/2004, 03/24/2004, 03/22/2004, 03/19/2004, 03/17/2004, 03/15/2004, 03/10/2004, 03/05/2004, 03/01/2004, 02/27/2004 from Dr. P, M.D.
- \*Anesthesia record dated 05/09/2004, 04/13/2004, 03/31/2004
- \*Preop document dated 04/13/2004, 03/31/2004
- \*RS Medical Rental/Purchase Agreement dated 04/06/2004
- \*RS Medical Prescription dated 04/06/2004

- \*Pain Patient Initial Assessment dated 04/02/2004
- \*3 pg dated 04/02/2004 addressed to Dolores Telles
- \*Disability Evaluating Center of Texas dated 03/12/2004
- \*IME report dated 03/12/2004
- \*MRI Report dated 01/28/2004
- \*Patient W/C Information dated 01/23/2004
- \*10 pgs Therapy notes and Progress notes
- \*IRO Notification Letter dated 10/18/2004
- \*IRO Acknowledgment and Invoice Notification Letter dated 10/12/2004

Nucleoplasty at L4-S1 is not medically necessary based on the clinical notes.

The injured individual is a 30 year old morbidly obese female, five feet four inches tall, weighing 260 pounds with low back and left leg pain and paresthesia. An MRI which was done in 01/04 showed a small HNP L4-S1. EMG of the lumbar spine and legs done in 8/04 was completely normal. Multiple exams by both the neurosurgeon and the pain MD have stated the neurologic exam is "nonfocal". The injured individual has had multiple ESI's, SI joint injections, trochanteric joint injections, PT, toradol injections, and multiple pieces of DME equipment all without relief. Her date of injury was \_\_\_\_\_. A lumbar discogram was done in 5/04 by Dr P with findings of left hip concordant pain at L5/S1 with 0.5 cc of dye. However, the pain score is not rated nor did the pain radiate down the leg as per her usual concordant pain and nonconcordant pain at L3/4 and L4/5.

In addition, the radiologic interpretation of the CT/discogram also done by Dr P states: "At L5/S1 the patient's pain response was concordant in the right lower extremity." (not left). Also, this report states that all three levels had two mm protrusions yet the MD requests the procedure at only two levels. The MD then suggests a nucleoplasty at L5/S1 based on the discogram and at L4/5 based on the MRI and post-discogram CT.

The nucleoplasty is not warranted based on multiple points. First, the EMG is completely normal. Second, the MRI shows only a small protrusion at L4-S1 confirmed by post-discogram CT which is easily attributed to age related changes. Third, the discogram is inadmissible based on the lack of left leg pain at L5/S1 along with no rating of the pain, the fact that L4/5 produced nonconcordant pain yet the MD wants to treat this level too; and the post-discogram/CT which showed small protrusions at all three levels yet the L3/4 level is not recommended for treatment.

#### **REFERENCES:**

1. Mayo Clin Proc 2003 Oct;78(10):1249-56 "Minimally invasive procedures for disorders of the lumbar spine" Deen HG.
2. J Clin Neurosci 2002 Jul;9(4):411-7 "Discectomy strategies for lumbar disc herniation: results of the LAPDOG trial" Haines SJ.
3. Phys Med Rehabil Clin N Am 2002 Aug;13(3):735-59 "Surgical Management of cervical and lumbosacral radiculopathies: indications and outcomes" Storm PB.
4. Aust NZ J Surg 2000 Jul;70(7):475-9 "Percutaneous endoscopic laser discectomy" Boulton M.

5. Neurosurgery 2002 Nov;51(5 Suppl):137-45 "Current concepts in minimally invasive discectomy" Maroon JC.

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

The reviewing provider is a Board Certified Anesthesiologist 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**

**22<sup>nd</sup> day of November 2004.**

**Signature of IRO Employee:** \_\_\_\_\_

**Printed Name of IRO Employee:** \_\_\_\_\_