

MCMC

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

Date: 11/29/2004
Injured Employee:
MDR #: M2-05-0173-01
TWCC #
MCMC Certification #: 5294

Requested Service: Decompressive lumbar laminectomy L5-S1, posterolateral interbody fusion L5-S1, BAK cage, posterior segmental interbody fusion L5-S1, Bone graft.

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 11/27/2004 concerning the medical necessity of the above requested service is hereby Denied based on:

TEXAS WORKERS' COMPENSATION COMMISSION referral form and submitted clinical highlights. Notification of IRO assignment, dated 10/07/2004. IRO notification letter, dated 10/22/2004. Medical dispute resolution request/response, dated 09/24/2004 (4pgs). IRO acknowledgment and invoice notification letter, dated 10/08/2004. Request for Pre-authorization of service letter, dated 08/09/2004 (2pgs). Request for reconsideration of denied pre-authorization of services, dated 08/16/2004 (7pgs). Intracorp letter, dated 08/31/2004 (2pgs). MDR pre-authorization letter dated, dated 10/14/2004. TWCC receipt notification, dated 10/07/2004. Medical dispute resolution request/response, (4pgs). Summary of request for preauthorization services, dated 08/09/2004. Carrier's response to request for preauthorization, dated 08/16/2004 & 08/31/2004 (2pgs). MRI of the lumbar spine report from Dr. B, dated 11/07/2003 (2pgs). Medical history report from Dr. L, dated 12/23/2003. Initial medical report, dated 12/05/2003 from _____. Initial medical report, dated 12/09/2003 from _____. Follow up medical report, dated 12/23/2003 (5pgs). Subsequent medical report, dated 01/26/2004 (10pgs) & 03/22/2004, (9pgs) 04/19/2004 (6pgs) 05/24/2004 (3pgs) 06/21/2004 (3pgs). Follow on post procedure therapy report, dated 03/12/2004 & 03/15/2004, (7pgs). TWCC-69, report of medical evaluation form, dated 07/14/2004. Report of medical evaluation, dated 06/29/2004 (8pgs). ACE Property and casualty insurance company check dated, 10/21/2004. Additional clinical information on patient (fax cover sheet), dated 11/02/2004 (172 pages).

The injured employee has a constantly changing constellation of symptoms and the clinical examination by each of the different specialists, except for Dr. S and Dr B,

did not reveal objective clinical findings that were consistent and commensurate with nerve root compression as noted on the imaging findings. The absence of consistent objective clinical findings commensurate with the imaging findings suggests that the recommended procedure would be inappropriate and not warranted. In addition the patient has changes of severe spondylosis at L2/3 and less severe changes at the other levels, suggesting age related changes that may be the cause of his complaints of back pain.

Therefore the requested procedure of a laminectomy/discectomy, PLIF with BAK cages and posterior instrumentation with bone graft at L5/S1 is inappropriate and not warranted at this time

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 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

29 day of November 2004.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____