

MCMC

IRO Medical Dispute Resolution M2 Prospective (Pre-Authorization or Concurrent Rev.) IRO Certified/Denial Notification Letter

Date: 12/21/2004
Injured Employee:
MDR #: M2-05-0303-01
TWCC #
MCMC Certification # 5294

Requested Services:

Please review the item in dispute regarding medical necessity of the proposed lumbar diskogram/post CT scan, regarding the above-mentioned injured worker.

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

Please be advised that a MCMC Physician Advisor has determined that your request for M2 Prospective Medical Dispute Resolution on 10/28/04 concerning the medical necessity of lumbar diskogram/post CT scan is hereby denied based on:

- *IRO Medical Dispute Resolution (M2) Prospective Pre-Authorization: 11/16/2004
- *Notification of IRO Assignment form: 10/28/2004
- *IRO (Independent Review Organization) Medical Dispute Resolution M2 Prospective Pre-Authorization IRO Notification Letter: 11/01/2004
- *Medical Dispute Resolution Request: 10/22/2004
- *Sedgwick Managed Care review: 07/28/2003, 09/08/2004
- *Sedgwick Managed Care review completed by Dr. M, M.D.: 09/20/2004
- *Medical Review completed by Dr. S, M.D.: 02/26/2004
- *Neurosurgical Note completed by Dr. P, D.O.: 09/07/2004
- *Initial Neurological Clinic visit note completed by Dr. P, D.O.: 12/16/2002
- *Follow-up Neurosurgical Clinic visit note completed by Dr. P, D.O.: 07/07/2003, 02/09/2004, 03/29/2004, 08/10/2004,
- *Exam report for Lumbar spine two views, lumbar myelogram, and CT lumbar spine post myelogram completed by Dr. G, M.D.: 03/02/2004
- *Lumbar Spine MRI report completed by Dr. L, D.C.: 04/02/2002
- *MRI of the hips report completed by Dr. L, D.C.: 04/02/2004
- *Letter from the staff of Central Imaging of Arlington (Dr. F, M.D., ____, Office Manager, ____, CMT, and ____, RTR) to Dr. O: 08/20/2003
- *Evaluation and Management of Established Patient (includes EMG) completed by Dr. H, D.O.: 05/29/2003
- *Health History form completed by injured individual: 12/16/2003

The proposed lumbar diskogram/post CT scan is not medically necessary for the above mentioned injured worker.

A 03/02/2004, lumbar CT/myelogram report describes the disc spaces at L2/S1 as "the disc space is normal." The EMG study is described as abnormal due to findings in the

paraspinous muscles at L4/5. Electrical findings in the paraspinous muscles are at best suggestive of, but not a definitive confirmation of, a radiculopathy. On a 04/02/2004 MRI, the report describes a 1-2 mm annular bulge at L4/5, mildly narrowing the left foramen, and a posteriocentral 2-3 mm disc protrusion at L5/S1. A 08/20/2003 letter signed by Dr. F and her staff, specifically delineated an episode of marked emotional lability by the patient.

While disc bulges are noted at L4/S1, the imaging studies do not report a HNP. The presence of reported radicular findings is more typical of root compression rather than internal disc disruption. (Note: CT/myelogram report describing normal discs at L3/S1.) A more appropriate test for possible nerve root compression at the left L4/5 neural foramen would be a series of selective L4/5 nerve root blocks done with both an anesthetic medication and a placebo. The reported disc protrusions are typical of early degenerative changes.

The validity of discography has not been established based on the peer-reviewed literature. While there is a group of ardent supporters of discography, the published literature contains numerous articles questioning the validity and reliability of this procedure. Discography is a subjective test. It has not been shown to reliably identify pain sources, improve selection of surgical candidates, improve surgical outcomes, or reliably predict surgical success.

Numerous authors have written regarding the problems with discography. Carragee, et al., have published several studies questioning the reliability of discography. Carragee has published a series of papers in which he has attempted to scientifically evaluate the validity of discography. Carragee (Spine 2000 Dec 1;25(23):2987-92) reports, "Although higher in symptomatic patients, the prevalence of a high-intensity zone in asymptomatic individuals with degenerative disc disease (25%) is too high for meaningful clinical use. When injected during discography, the same percentage of asymptomatic and symptomatic discs with a high-intensity zone were shown to be painful." Carragee (Spine 1999 Dec 1;24(23):2542-7) reports, "Thus, the ability of a patient to separate spinal from non-spinal sources of pain on discography is questioned, and a response of concordant pain on discography may be less meaningful than often assumed."

The provided documentation substantiates the patient's emotional lability that Carragee has demonstrated as creating difficulty in a subjective test such as discography. Carragee (Curr Rev Pain 2000;4(4):301-8) reports, "This work demonstrated that pain intensity during disc injection is strongly influenced by the subject's emotional and psychological profiles, chronic pain behavior, and ongoing compensation claims whether the patient has any back pain illness or not. Pain reproduction was also primarily related to penetration of the dye through the outer annulus and could not reliably be used to confirm the location of the pain source."

The patient has clinical findings that suggest a left L5 radiculopathy. Discography is primarily for the evaluation of internal disc disruption and is not a standard test for nerve root compression.

Based on generally accepted standards of the diagnosis and treatment of lumbar disc disease and nerve root compression, the proposed discography is not medically necessary.

The injured individual is a 37 year-old female. Her date of injury (DOI) is ____.
The injured individual symptoms include low back and left leg pain. Exam is reported to show decreased sensory appreciation along the lateral aspect of the left leg, weakness of left foot dorsiflexion, and slow DTRs. EMG reports a L5 radiculopathy. MRI is described as showing L5/S1 DDD and a brad-based disc bulge at L4/5. Following the injury, the injured individual was treated with medications, PT, and injections. A radiofrequency lesion of facet nerve(s) was done in 01/2003 without significant pain relief. The injured individual is reported to have undefined psychiatric issues. Myelography was recommended in the past.

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

The reviewing provider is a Board Certified Neurosurgeon and certifies that no known conflict of interest exists between the reviewing Neurosurgeon and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO.

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 day of December 2004.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____