

MCMC

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

Date: 12/28/2004

Injured Employee:

MDR #: M2-05-0309-01

TWCC #

MCMC Certification #: 5294

Determination: Approved

Requested Services:

Please review the item in dispute regarding to please address prospective medical necessity of the proposed posterior lumbar interbody fusion L2-L3, posterior decompression L2-L3, transverse process fusion L2-L3; posterior internal fixation L2-L3, bone graft, allograft, bone graft, autograft in situ, 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 of the proposed posterior lumbar interbody fusion L2-L3, posterior decompression L2-L3, transverse process fusion L2-L3; posterior internal fixation L2-L3, bone graft, allograft, bone graft, autograft in situ, regarding the above mentioned injured worker.

Please be advised that a MCMC Physician Advisor has determined that your request for M2 Prospective Medical Dispute Resolution on 11/09/2004 concerning the medical necessity of the proposed posterior lumbar interbody fusion L2-L3, posterior decompression L2-L3, transverse process fusion L2-L3; posterior internal fixation L2-L3, bone graft, allograft, bone graft, autograft in situ, regarding the above mentioned injured individual is hereby approved based on:

- *Texas Workers' Compensation Commission (TWCC) Notification of IRO (Independent Review Organization) Assignment: 11/09/2004
- *TWCC Receipt of Medical Dispute Resolution (MDR): 08/06/2003
- *Medical Dispute Resolution Request: 10/21/2004
- *Notice of Intent to Issue an Adverse Determination: 09/24/2004
- *Forte Notice of Utilization of Review Findings: 10/07/2004
- *Request for Preauthorization for Surgery: 09/20/2004
- *IRO Medical Dispute Resolution M2 Prospective Pre-Authorization IRO acknowledgment and Invoice Notification Letter: 11/09/2004, 11/23/2004
- *Chart Note completed by Dr. H, M.D.: 09/16/2004
- *EMG Test results: completed by Dr. W, M.D.: 08/27/2004
- *Lumbar myelogram: 05/20/2004
- *CT scan of the lumbar spine without contrast: 08/20/2003
- *Letter from ___: 09/18/2004
- *Notice of Utilization of Review Findings: 09/27/2004, 10/07/2004

The requested posterior lumbar interbody fusion L2-L3, posterior decompression L2-L3, transverse process fusion L2-L3; posterior internal fixation L2-L3, bone graft, allograft, bone graft and autograft in situ are medically necessary.

The injured individual has a long history of low back problems, and has had multiple prior surgical procedures, culminating in a PLIF performed in 1993 from L3-S1. She was reinjured and now complains of continuing pain in the lower back. The Attending Provider (AP) recommended extending the fusion to the L2-3 level. A prior reviewer denied the procedure based on lack of documentation that the level in question was a pain generator.

Additional information provided to this reviewer suggests spondylosis and degenerative changes in the L2-3 level, with instability demonstrated on flexion/extension and bending films. This information was apparently not available to the prior reviewer. In addition, there appears to be evidence of spinal stenosis and epidural fibrosis associated with the prior fusion.

A pathological diagnosis can be established in most cases of failed back surgery syndrome (Slipman CW, Shin CH, Patel RK, Isaac Z, Huston CW, Lipetz JS, Lenrow DA, Braverman DL, Vresilovic EJ Jr., Etiologies of failed back surgery syndrome. Pain Med. 2002 Sep;3(3):200-14). When a surgical diagnosis is established, the probability of successful surgery is improved. Indeed, since records provided indicate that the injured individual did well for ten years following her original fusion, this should probably be considered an instance of degenerative disease at the adjacent level, a frequent long term complication of fusions. Where a structural etiology can be established, exploration of the previous fusion and extension of the fusion to the affected level is an accepted surgical approach (Spivak, J.M. and Bendo, J.A. in Koval, KJ, ed. :Orthopedic Knowledge Update 7, 2002, American Academy of Orthopaedic Surgeons)

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 Orthopedic Surgeon 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

28 day of December 2004.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____