

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date: 01/03/2005
Injured Employee:
MDR #: M2-05-0462-01
TWCC #
MCMC Certification #: 5294

DETERMINATION: Deny

Requested Services:

Please review the item in dispute concerning the medical necessity for the proposed lumbar epidural steroid injection, 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 above requested service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 12/03/2004, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The requested ESI is not medically necessary.

This decision is based on:

- Notification of IRO Assignment
- Claims Management, Inc., Independent Review Organization Summary dated 12/09/2004 2 pgs
- UniMed Direct LLC, review determinations dated: 10/26/2004 and 11/08/2004
- ____, letter dated 10/29/2004
Notes from follow-up visits of 2/11/2004, 2/23, 4/16, 5/28, 6/29, 6/21, 7/21, 8/27, 10/14, 11/8,
- TWCC-1 for DOI 12/17/2003 and 12/19/2003
- TWCC Work Status Reports dated 12/17/2003, 1/2/2004, 10/14/2004, 12/31/2003
- MedAlert-Arlington New Injury Encounter Forms dated 12/17/2003 2 pgs and 12/19/2004
Head and Spine recheck form dated 1/2/2004
Follow-up low back pain, left and right hip pain dated 12/22/2003
- TWCC 73s dated 1/7/2004; 2/11/2004
- DNI: CT of LS Spine Report dated 2/4/2004
Xray of R Hip Report dated 4/16/2004
- USMD Surgical Hospital: Operative Reports (Lumbar Facet Injections) dated 7/1/2004

- HealthSouth Initial Eval dated 12/22/2003, Daily, Progress and SOAP Notes dated 12/23/2003 to 2/11/2004
- High Point Rehabilitation Institute Back Evaluation dated 2/18/2004
` Therapy Notes, Progress Reports dated 2/19/2004 to 3/11/2004

The injured individual is a 54-year-old female with onset of low back and right leg pain in _____. An MRI showed bulges at L4-S1 with facet hypertrophy, so facet injections were done in 07/2004, after a long course of PT failed to help. The facet injections did not help either. A CT done in 02/2004 showed protrusion of L3/4 impinging on the left L4 root. However, the injured individual's symptoms are all right sided (right buttock and hip), so the L3/4 disc is probably not a pain generator. Other than a PT note dated 01/07/2004, all notes state SLR is negative. The injured individual did not begin to complain of intermittent leg numbness until 05/28/2004. Finally, there is no pain noted with flexion.

The lumbar ESIs are denied for the following reasons:

1. Except for one early notation, the injured individual has a normal neurological exam and negative SLR.
2. She has full ROM and no pain with flexion.
3. Her complaints are right sided while CT findings are left sided.

ESIs are efficacious in the acute injury phase with radicular findings, which this injured individual does not have.

REFERENCES:

1. Practical Management of Pain copyright '00 by P. Raj pgs 737-8.
2. Principles and Practice of Pain Management by C. Warfeld copyright '93 pgs 401-404.
3. NE J Med 336:1634, 1997 by Carette et al.
4. Corlandt Forum May 2001 159;90 "Steroids and Acute disc Herniation" Crowell R.M.

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

The reviewing provider is a Boarded Anesthesiologist and certifies that no known conflict of interest exists between the reviewing Anesthesiologist 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

4 day of January 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____

cc: American Home Assurance Co.