

MCMC

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

Date: 1/24/05
Injured Employee:
MDR #: M2-05-0597-01
TWCC #
MCMC Certification #: 5294

DETERMINATION: Approved

Requested Services:

Please address prospective medical necessity of the proposed left L5-S1 discectomy, 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 12/30/04, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The proposed left L5-S1 discectomy is medically reasonable and necessary for treatment of the injury.

This decision is based on:

- TWCC Notification of IRO Assignment dated 12/30/2004
- TWCC MR-117 dated 12/30/2004
- TWCC-60 stamped received 12/13/2004
- Corvel Determinations of Preauthorization Request dated 11/02/2004 and 11/18/2004; Pre-Authorization Determination dated 11/19/2004 2 pgs; Memo dated 12/20/04
- Southwest Neuroscience and Spine Center Pre Authoriztion Appeal dated 11/2/04 2 pgs, 11/12/04 2 pgs, 10/27/2004 2 pgs; History and Physical dated 7/21/2004 2 pgs; Office Notes for 4/3/04, 9/7/04, 10/6/2004, 10/25/04, 11/9/04, 12/13/04, 12/28/04; Procedure Note for 10/06/04
- Dr. V, MD, office notes dated 3/20/04 through 7/1/04
- Texas Diagnostic Imaging Center MRI of lumbar spine report dated 4/3/04
- Flahive, Ogden and Latson, letters dated 1/18/05 2 pgs, 12/27/04 2 pgs

This is a 33-year-old female who was injured in a ditch at work with a twisting and jamming mechanism that has resulted in a consistent pattern of lower back pain and left leg pain and dysesthesias. She has failed to improve with appropriate nonsurgical treatment. Her examination demonstrates a positive straight leg raise for reproduction of her left leg pain and the MRI reveals a left sided herniation at L5-S1.

This injured individual's mechanism of injury, symptoms, exam findings, and MRI findings are consistent with a surgical lesion at L5-S1. In view of the failure of adequate nonsurgical treatment, surgery is indicated.

The original denial by Dr. T indicates that there are "no real radicular findings;" yet the patient has a consistent positive straight leg raise which reproduces her radicular symptoms. Dr. T discusses positive findings in the upper extremities, intimating that the patient may not be reliable, yet these are unrelated to the lower back injury. He indicates that the patient is a poor candidate, yet the patient demonstrates sufficient criteria according to a standard algorithm to recommend surgery. (see reference below.)

The second denial by Dr. G did not include peer-to-peer discussion and, without seeing the patient or MRI, Dr. G decides that the imaging finding is not significant. There is, however, a left sided herniation which explains the patient's symptoms and which her treating surgeon, who has seen the patient and the MRI films, opined to be a surgical condition. Again, the patient falls within the surgical indications of a nationally accepted criteria published by the North American Spine Society.

Reference:

North American Spine Society Clinical Guidelines PHASE - Herniated Disc 2000

This contains a detailed evaluation and treatment algorithm. Surgical decision is made after trial of medications, therapy, and injections. Factors associated with a favorable outcome for discectomy include radicular leg pain, positive straight leg raise, and positive imaging study.

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

The reviewing provider is a (Licensed/Boarded) (Specialty) and certifies that no known conflict of interest exists between the reviewing (Specialty) 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 of 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

24 day of January 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____