

MCMC

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

Date.....2/8/05
Injured Employee.....
MDR #.....M2-05-0631-01
TWCC#.....
MCMC Certification #..5294

DETERMINATION: Approve

Requested Services:

Please address prospective medical necessity of the proposed posterior decompression L4-L5, intraoperative decision for decompression L5-S1 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 1/10/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The proposed posterior decompression L4-L5, intraoperative decision for decompression of L5-S1 is medically necessary.

This decision is based on:

- TWCC Notification of IRO Assignment dated 1/10/05
- TWCC MR-117 dated 1/10/05
- TWCC-60 stamped received 12/28/04
- UniMed Direct LLC: Review Determination 11/17/04, 11/24/04
- Claims Management, Inc: IRO Summary 1/18/05
- TWCC 1 for DOI 8/7/2004
- TWCC WMP-78 dated 8/7/04
- Concentra Medical Centers: History and Physical dated 8/30/2004
- North American Spine Society: Letter to "Dear Carrier Medical Director" dated 8/31/04
- TWCC 73s dated 9/2/04, 9/3/04, 10/18/04, 1/20/05
- Chad Blackwell, DC: Office notes dated 9/3/04, 9/7/04, 9/8/04, 9/10/04, 9/13/04, 9/15/04, 9/17/04, 9/21/04, 9/22/04, 9/24/04, 9/27/04, 9/29/04, 10/1/04, 10/4/04, 10/6/04, 10/8/04, 10/11/04, 10/13/04, 10/15/04, 10/22/04, 10/25/04, 10/27/04, 11/19/04, 11/22/04, 12/3/04, 12/10/04, 12/17/04
- Dallas Medical Services: Testing results dated 9/8/04, 10/13/04
- Texas Imaging & Diagnostic Center: MRI of R Hip

- L & W Orthopaedic Associates: Letter to Dr. Blackwell dated 9/20/04; Follow-up notes dated 10/18/04, 11/15/04
- Dallas Spine Care: Chart Note dated 9/28/04, 11/8/04, 12/17/04
- North Dallas Advanced Diagnostics: Exam and Electro-diagnostic studies dated 9/29/04
- Michael Ray, DC: Exam Summary dated 10/13/2004
- Robert Henderson, MD: Report of Caudal Epidural Steroid Block dated 10/20/04
- Texas Workers Rehab: Office Notes dated 10/28/04, 11/2/04
- Spine Resource Consultants: Review by Dr. Bigos dated 12/6/04
- HealthSouth Evaluation Center: letter to Ms. Giles dated 1/20/05
- Dallas Evaluation Center: FCE dated 1/20/05
- Robert Holladay, MD: History and Physical dated 1/20/05

The injured individual is a 60-year-old female who suffered a work-related injury _____ when six or eight carts were pushed into her right hip and flank, triggering a lumbar condition .

The injured individual's complaints were those of right lumbar pain with radiation to right buttocks and paraesthesia in L4-L5 distribution. Diagnostics included MRI LS which revealed spinal stenosis at L4-L5 with disc bulge and bilateral foraminal stenosis as well as facet hypertrophy at L5-S1 with bilateral foraminal narrowing. An MRI of the hips showed minimal osteoarthritis. Conservative treatment was comprehensive and, notably, lumbar epidural injection reduced pain from 7 to 1 out of 10. Unfortunately, this effect was only temporary, although this would argue that decompressive surgery would be indicated. Given the intractable nature of this pain syndrome to non-operative treatment, diagnostics which match the symptoms and temporary response to LESI, the proposed surgery is indicated.

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

The reviewing provider is a **Boarded 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

8 day of February 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____