

# MCMC

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

Date.....2/23/05  
Injured Employee.....  
MDR #.....M2-05-0719-01  
TWCC#.....  
MCMC Certification #..5294

**DETERMINATION:** Denied

**REQUESTED SERVICES:** Please address prospective medical necessity of the proposed post lumb fusion 1 level post lum intbody fusion 1 sp. post instrumntn-seg fix, intraop nerve testing, somatosens stdy-low limb, 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 1/25/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The proposed surgery, additional level of fusion, interbody, hardware, nerve testing and monitoring, is not medically necessary.

This decision is based on:

- TWCC Notification of IRO Assignment dated 1/25/05
- TWCC MR-117 dated 1/25/05
- TWCC-60 stamped received 1/11/05
- TWCC Result of Spinal Surgery Second Opinion Process dated 3/29/00
- TWCC-73: 2/27/01 to 11/18/04
- TWCC-69 dated 8/2/01, 6/29/01, 6/14/01
- TWCC-61 dated 10/15/99
- TWCC-64 dated 10/25/99
- TWCC-61 dated 11/2/99
- TWCC-1 dated 10/27/99
- Intracorp: Letters re: review dated 12/27/04, 12/01/04
- Robert Coolbaugh, DC: Request for Authorization dated 11/10/04; Office Notes dated 7/5/02 to 12/20/04; Rx for tub whirlpool for home water therapy treatment dated 8/15/03; Injury Initial Examination/Evaluation report dated \_\_\_; Rx for Lumbar-sacral orthosis, back brace dated 6/23/04; Request for Authorization of Services dated 11/10/04; NMES Muscle Stim Supply Order dated 11/10/04; Statement of Medical Necessity for Muscle Stimulator fitting (undated)
- Selma Wilson, MD: Office Notes dated 9/16/04 to 11/10/04; Office Operative Note dated 7/15/04, 5/17/04

- HS Chuang, MD: Examination dated 7/22/04
- EMG and Nerve Conduction results dated 7/22/04
- Selma Wilson, MD: Office Notes dated 2/19/04 to 10/14/04
- John Sazy, MD: Office Notes (date obscured), 6/24/04, 4/22/04
- Paragon Investigations: Invoice dated 9/8/04
- Diagnostic Neuro Imaging: Lumbar Myelogram and CT results dated 5/24/04
- Gerald Hill, MD: Required Medical Exam dated 4/19/04, 5/19/03
- Functional Capacity Exams dated 5/23/03
- “Consult”, provider unidentified dated 1/9/04; “Initial Exam” unsigned dated 5/30/00; “Return Patient Visit” dated 8/27/00, 8/29/00, 2/27/01, unsigned
- Joseph Wilson, MD: Office Notes for 5/2/03, 5/15/02, 4/19/00, 12/29/99, 2/21/00
- Medical Review of Texas: Notice of Independent Review Determination dated 1/19/04
- Plainview Chiropractic Clinic: FCE dated 12/15/03, 8/1/03, 5/6/03, 11/26/02
- Tarrant County Chiropractic and Rehab, Inc: Report for Impairment Rating dated 6/14/01
- Korey Kothmann, DC: Permanent Impairment Exam dated 8/2/01;
- Healthsouth: Daily Notes, Plans of Care and Evaluations for 3/8/01 to 4/16/01; Three Level Discogram with CT dated 6/21/00
- Central States Orthopedic: Office Evaluation dated 2/25/03
- Huguley Memorial Medical Center: Operative Reports dated 8/14/00, 9/12/00; Medical Records dated 9/16/00 to 9/19/00; Intraoperative Evoked Potential Report dated 8/14/00; Postoperative films (Herniated disc) dated 8/14/00; Xray of Central Line Placement dated 8/15/00
- Jonothan Bard, MD: Three-level discogram with CT dated 6/21/00
- Hal Green, MD: Consult dated 5/2/00
- Randall Wolcott, MD: Nerve Conduction/ EMG results dated 3/10/00
- Open Air MRI of Lubbock: MRI lumbar spine dated 11/30/99
- Skilled Nursing Visit Notes dated 9/20/00 to 9/30/00
- Comprehensive Assessment-Start/Resumption of Care dated 9/19/00
- Joseph Milner, MD: Lumbar Spine Series dated 11/20/00
- Patient History Report: 9/27/00 to 12/05/03
- PMSI: Notification of Prescription Intercept dated 12/6/00
- Lee Hughs, RN: report dated 9/26/00
- Covenant Occupational Medicine Services: Progress Note dated 10/25/99, 10/15/99
- Ernie Fields, DC: Physical Performance Evaluation dated 8/1/03

The injured individual is a 49-year-old female who underwent L3-S1 interbody and posterolateral fusion with instrumentation by Dr. Sazy in 08/14/2000, requiring re-operation for infection. She is regularly managed by a pain specialist, has had cluneal nerve injections with some benefit and is being considered for a spinal cord stimulator. Lumbar CT/myelogram study of 05/24/2004 documents loose screws at S1 bilateral and questions the fusion integrity. Minor degenerative changes are noted at L2-3 and L1-2 without nerve impingement. Nerve study of the legs of 07/22/2004 was negative. Dr. Sazy's notes do not provide a rationale for the surgery recommended.

The submitted clinical material, including the handwritten notes of Dr. Sazy, the nerve tests, and Lumbar CT myelogram do not document how minor degenerative changes at L2-3 are responsible for the patient's pain, nor how the proposed fusion at L2-3 would

benefit the patient. Relevant objections are raised concerning the patient's continued smoking and also concern that the apparent failed fusion or loose screws at L5-S1 are not addressed by the requested surgery.

**REFERENCES:**

NASS Phase III Clinical Guidelines for Chronic Low Back Pain; Rothman and Simeone Textbook of Spine - relevant material on failed fusion and chronic pain.

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**

**\_\_23<sup>rd</sup>\_\_ day of \_\_February\_\_ 2005.**

**Signature of IRO Employee:** \_\_\_\_\_

**Printed Name of IRO Employee:** \_\_\_\_\_