

# MCMC

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING  
IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-05-5356.M2**

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

<b>Date:</b>	<b>3/18/05</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-05-0839-01</b>
<b>TWCC #:</b>	
<b>MCMC Certification #:</b>	<b>5294</b>

**REQUESTED SERVICES:**

Review the item in dispute to address the prospective medical necessity of the proposed lower back surgery/IDET L5/S1 requested by Dr. Smith to be performed at Sierra Medical Center (unspecified time frame), regarding the above mentioned injured worker.

**DECISION: UPHELD**

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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 2/17/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The proposed lower back surgery, IDET of L5-S1, is not medically necessary for the treatment of the injured worker.

**CLINICAL HISTORY:**

The injured individual is a 40-year-old male with persistent lower back and bilateral leg pain apparently stemming from a work injury of \_\_\_\_.

**RATIONALE:**

This injured individual's discogram study is inconclusive as all three levels injected gave a mild pain response, and more than one level showed a tear. Furthermore, the second opinion from Dr. Pacheco recommends open discectomy, not IDET.

**REFERENCES:**

1. Karasek M and Bogduk N "Twelve-Month follow-up of a controlled Trial of Intradiscal Thermal Anuloplasty for Back Pain due to Internal Disc Disruption" Spine 2000 Vol 25 No 20, pp2601-2607.  
\*IDET effective in carefully selected cases.
2. Saal J and Saal J "Intradiscal Electrothermal Treatment for Chronic Discogenic Low Back Pain - A Prospective Outcome Study with Minimum 1-Year Follow-up." Spine 2000 Volume 25 Number 20, pp 2622-27.  
\*A cohort showed clinically meaningful improvement.
3. Webster BS, Verma S, and Pransky GS "Outcomes of workers' compensation claimants with low back pain undergoing intradiscal electrothermal therapy." Spine 2003 Feb 15:29(4):435-441.  
\*The procedure less effective in this group.
4. Davis TT, Delamarter RB, Sra P, and Goldstein TB "The IDET procedure for chronic discogenic low back pain." Spine 2004 Apr 16; 29(7):752-6.  
\*Retrospective study of results of 17 doctors. Some patients went on to require fusion.

**RECORDS REVIEWED:**

- TWCC Notification of IRO Assignment dated 2/17/05
- TWCC MR-117 dated 2/17/05
- TWCC-60 stamped received 1/20/05
- Texas Mutual: Case Summary dated 2/23/05; Utilization Review findings dated 11/29/04, 12/14/04
- El Paso Orthopaedic Surgery Group & Center for Sports Medicine: Clinic Notes dated 11/10/04, 10/18/2004, 6/30/04, 5/19/04, 4/21/04, 3/24/04, 2/18/04, 1/5/05, 6/21/04, 11/10/04, 12/8/04; Surgical Consent form (unsigned and undated); letter to injured individual dated 2/17/05
- Page Nelson, MD: Review dated 11/1/04
- Complete Injury Care: Patient Notes Report dated 10/21/04, 6/17/03, 2/18/05, 1/7/05, 12/13/04, 12/6/04, 11/3/04, 11/1/04, 10/27/04, 10/25/04, 10/22/04, 10/20/04, 10/12/04
- Surgical Center of El Paso: Operative Procedure Report dated 7/28/04
- Desert Imaging: MRI of Lumbar Spine dated 3/5/04
- Texas Neurodiagnostic, Headache & Sleep Disorders Center, PA: NCS/EMG results dated 7/17/03
- Peter Robinson, MD: Physical Exam dated 3/13/03
- Dean Smith, MD: letter dated 1/19/05
- Gilbert Mayorga, MD: Consultation dated 1/18/05
- Sergio Pacheco, MD: Evaluation and letter dated 1/13/05
- Providence Memorial Hospital: CT Lumbar Spine w/Contrast dated 11/5/04; Lumbar Discography dated 11/5/04

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**

**18<sup>th</sup> day of March 2005.**

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

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