

MCMC

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

Date:	4/11/05
Injured Employee:	
Address:	
MDR #:	M2-05-1037-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES:

Review the service in dispute regarding lumbar ESI.

DECISION: UPHELD

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 3/1/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The ESI is not appropriate due to a lack of radicular findings and age of symptoms.

CLINICAL HISTORY:

This injured individual is a 47-year-old male with an eight-year history of low back pain followed by surgery. A CT scan showed a protrusion at L3/4, but the injured individual has no radicular symptoms. Also, the straight leg raise (SLR) is positive at 80 degrees, which is essentially negative. None of his clinical findings support discogenic pain.

RATIONALE:

The ESIs are denied for the following reasons:

The injured individual has an essentially normal neuro exam and negative SLR. His complaints began eight years ago and there is no evidence of radiculopathy.

The efficacy of ESIs are in the acute injury phase with radicular findings, neither of which this injured individual has.

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.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 3/1/05
- TWCC MR-117 dated 3/1/05
- TWCC-60
- Flahive, Ogden and Latson: letter to MCMC dated 3/28/05; Summary of Carriers Position dated 2/22/05
- Intracorp: Peer reviews dated 1/14/05, 1/28/05
- Jacob Rosenstein, MD: Follow-up note dated 1/11/05

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

11th day of April 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____