

MCMC

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

Date:	4/11/05
Injured Employee:	
Address:	
MDR #:	M2-05-1101-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES:

Review the item in dispute to address the prospective medical necessity of the proposed therapeutic proph/diagnostic injection regarding the above mentioned injured worker.

DECISION: REVERSED

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 3/15/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The proposed lumbar hardware block is medically necessary.

CLINICAL HISTORY:

The injured individual is a 48-year-old male with date of injury (DOI) of _____. He then intradiscal electrothermal therapy (IDET) without relief and then had a L5 fusion. He continues to have ongoing back and leg pain. Facet injections were done in 06/2004 with no relief. The Attending Physician (AP) is requesting a diagnostic lumbar hardware block to determine if this is causing all or some of his pain. As such, it is reasonable.

RATIONALE:

This 48-year-old male has a history of a posterior fusion in 11/2003. He has Xrays showing a solid fusion. However, he has ongoing back and leg pain. The AP is requesting a local anesthetic block to the implanted lumbar hardware which is reasonable as a diagnostic test to determine if this is the pain generator.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 3/15/05
- TWCC MR-117 dated 3/14/05
- TWCC-60
- TWCC-69s dated 5/25/04 and 8/10/04
- First Health: Patient Notification letters dated 1/13/05, 1/27/05
- Jacob Rosenstein, MD: Letter of medical necessity dated 1/19/05; letter of medical necessity dated 4/29/04; History, Physical and Neurological Examination and Admission to USMD Surgical Hospital, Arlington on 6/25/04; Follow-up Notes dated 9/16/04, 2/7/05, 1/5/05
- Diagnostic Neuro Imaging: CT of the LS Spine dated 2/4/04; Lumbar Spine Xrays dated 4/19/04; Lumbar Spine Xrays dated 10/19/04; Lower Extremity Electrodiagnostic Study dated 10/19/04; Lumbar Myelogram and CT dated 12/15/04
- USMD Surgical Hospital: Hospital Records and Operative Report dated 6/25/04;
- Occupational Therapy Evaluation dated 2/21/2000
- J. John Stasikowski, MD: Designated Doctor Examination dated 5/22/04
- Quest Health and Rehab of Waxahachie: Impairment Evaluation dated 8/10/04; Work Hardening/Work Conditioning Notes for weeks #1 through 5 in 08/2004; Office Notes from 8/20/03 through 1/11/05
- Functional Capacity Evaluation dated 9/14/04
- Donald Mauldin, MD: Review of medical records dated 9/24/04
- Jerry Houchin, DO: Evaluation and Management report dated 7/13/04

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: _____