

MCMC

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

Date:	5/18/05
Injured Employee:	
Address:	
MDR #:	M2-05-1300-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES:

Review the item in dispute to address the medical necessity of the proposed approval of lumbar Depo Medrol and Marcaine 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 4/19/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The proposed lumbar Depo Medrol and Marcaine injection is medically necessary.

CLINICAL HISTORY:

The injured individual is a 48-year-old female with a diagnosis of lumbar failed back surgery syndrome (FBSS) after two surgeries. She has a spinal cord stimulator (SCS) implanted, which is working well. She takes Norco, Valium, Neurontin, and Celebrex and is stable on these. As of 11/2004, she began to complain of a tender area in her L/S spine.

RATIONALE:

The injured individual is a 48-year-old female with date of injury of _____. She had lumbar epidural steroid injections (ESI), which did not help. She then underwent a lumbar discectomy in 01/2000, followed by a fusion in 11/2000, which did not help her back or right leg pain. She then had a SCS implanted in 01/2003 with battery replacement in 01/2004 and this has helped her immensely. The last lumbar MRI of 11/2002 showed facet arthrosis, spondylosis, and a mild bulge at L4/5. The AP is

requesting a local/steroid trigger point injection (TPI) to the lumbar spine, which, in his notes of 11/2004, 02/2005, and 04/2005, he describes a "tender area in the midline of the L/S area." She had this injected in the past and it helped tremendously. The TPI to this area is reasonable and is typically done with a local and steroid.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment
- TWCC MR-117
- TWCC-60
- San Angelo Neurosurgical Association: Preauthorization Request
- Intracorp: Fax cover/letters to Dr. LeGrand dated 2/24/05, 3/3/05; letters to Dr. LeGrand dated 2/14/05
- David R. Willhoite, MD: Independent Medical Exams dated 10/27/99, 10/3/00, 12/17/02, 3/4/03
- Robert H. LeGrand, MD: letter to Barbara Baldwin, TWCC, dated 2/26/03; letters to Jerry Schulze, MD dated 12/19/02, 12/5/02, 11/18/02, 10/24/05, 9/25/02, 9/25/02; Office Notes dated 3/3/03 to 4/28/05; letters to Vayden Stanley, MD dated 5/12/03, 5/3/03, 4/21/03, 1/16/03, 12/5/02, 10/24/02
- Shannon West Texas Memorial Hospital: Discharge Summary dated 1/29/03; Report of Lumbar Myelogram, CT Scan of the lumbar spine dated 11/12/02; MRI of the lumbar spine dated 10/9/02; Discharge Summary dated 5/22/03; Operative Report dated 1/16/04; Report of MRI of the lumbar spine dated 10/9/02

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

18th day of May 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____