

MCMC

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

Date:	5/23/05
Injured Employee:	
Address:	
MDR #:	M2-05-1343-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES:

Review the item(s) in dispute: Address the prospective medical necessity of the proposed lumbar sympathetic block at L2, L3, L4 and L5 right side, regarding the above mentioned injured worker.

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 5/4/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The proposed lumbar sympathetic block at L2, L3, L4 and L5 right side is not medically necessary.

CLINICAL HISTORY:

The injured individual is a 49-year-old female with date of injury (DOI) of ____, following which she developed radicular right leg and knee pain. She had knee surgery in 02/2004 and initially did well (09/2004), but continued to complain of pain which had not resolved by 11/2004. She attended a pain physician consult in 08/2004, which resulted in an assessment of complex regional pain syndrome (CRPS) and a recommendation for a lumbar sympathetic block (LSB), which was performed on 11/18/2004. In addition, the orthopedic surgeon injected her knee and suggested surgery again based on her ongoing complaint of global tenderness and swelling. Based on the orthopedic surgeon's objective follow-up note, in which the prior LSB is neither mentioned by the injured individual, nor does it seem that it helped, further LSBs are not supported.

RATIONALE:

The injured individual is a 49-year-old female with date of injury (DOI) of ____, which resulted in back and knee pain. She then had a total knee arthroplasty in 02/2004. She was seen back multiple times by her orthopedist, who felt the knee "looks good", although the injured individual complained of a pinching pain (09/2004), had minimal effusion with no temperature changes and global tenderness (11/23/2004). The orthopedist performed a local injection and considered surgery. The injured individual initially consulted a pain physician 08/2004 and was diagnosed with possible sympathetically mediated pain. The pain physician requested an LSB at L2, L3, L4 and L5 on the right side, which was eventually done on 11/18/2004. This procedure provided one week's worth of relief according to him, but according to the orthopedic surgeon who saw her on 11/23/2004, she complained of generalized pain and did not even acknowledge this injection. Based on the apparent lack of success with the 11/2004 LSB, repeating it is not necessary.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment
- TWCC MR-117
- TWCC-60
- Texas Mutual: Non-authorization letters dated 2/3/05, 2/11/05; Case Summary dated 5/2/05
- C. Michel Olive, MD: Letters of medical necessity dated 1/3/05, 11/1/04, 10/18/04, 9/27/04, 8/30/04
- Center for Pain Management: Progress Note dated 2/2/05; Initial Evaluation dated 8/20/04
- Frederick Mensal, MD: Office Notes dated 1/18/04 to 11/23/04
- Highland Medical Center: Operative Note dated 11/18/04
- Covenant Health System Laboratories: Lab results (CBC, Seed Rate and C-Reactive Protein) dated 6/23/04; Operative Note dated 2/5/04

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.

You're 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

23rd day of May 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____