

MCMC

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

Date:	5/9/05
Injured Employee:	
Address:	
MDR #:	M2-05-1363-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES:

Review the item in dispute to address the prospective medical necessity of the proposed transforaminal ESI R L5/S1, 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 4/7/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The right transforaminal ESI is not medically necessary.

CLINICAL HISTORY:

The injured individual is a 37-year-old male with hypertension and diabetes who had a date of injury (DOI) ____. However, notes indicate the injured individual was seen in the Emergency Room on 01/31/2004 complaining of back and right leg pain. These are his Workers Compensation (WC) complaints, although his WC injury occurred six months later.

The injured individual is noted to have missed the last two steps of a ladder and fallen to the floor while carrying a bicycle on ____, injuring his back. At that time, he had a positive right straight leg raise (SLR), although none was noted prior to this. A caudal was recommended. An MRI of 08/11/2004 showed a minimal bulge at L5/S1 with no sign of nerve root involvement and question of L5/S1 retrolisthesis (and flexion/extension films are normal), although the Attending Physician states this as a documented definitive diagnosis.

In addition to the ESIs, the injured individual had chiropractic care from 08/04 to the present time and, additionally, physiotherapy.

RATIONALE:

The injured individual had no SLR findings listed in the physiotherapy notes, although the pain physician indicates that the right SLR was positive. He had two other injuries to his back, one prior to the DOI and the other three months later, both of which could account for his ongoing symptoms.

A caudal ESI was done on 11/11/2004 with return of pain one week later. A second caudal was done on 01/06/2005 and the follow-up note of 01/28/2005 states: "the second ESI did not last as long (4 days)." This is not the expected additive or prolonged effect. For these reasons and the others outlined above, a transforaminal ESI is not medically necessary.

"Comparative studies are necessary to determine the advantages and disadvantages of the use of fluoroscopy and the transforaminal technique." (ref #1); "The main finding of the survey is that there is no clear cut concensus as to the ideal method to perform an ESI." (ref #2); "fluroscopically guided transforaminal ESIs "may" help reduce unilateral radicular pain..." (ref#3); "the efficacy of epidural injections has not yet been established." (ref #4).

REFERENCES:

1. Curr Pain Headache Rep 2001 Dec;5(6):495-502 Mulligan KA.
2. Anesth Analg 2002 Aug;95(2):403-8 Cluff R.
3. Am J Phys Med Rehabil 2002Dec;81(12):898-905 Botwin KP.
4. Schmerz2001 Dec;15(6):474-83 HildebrandtJ.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment
- TWCC MR-117
- TWCC-60
- TWCC-1
- TWCC-73s
- Arkansas Claims Management, Inc.: letter to MCMC dated 4/21/05; IRO review organization summary dated 4/11/05
- Unimed Direct, LLC: Denial letters dated 2/2/05, 2/15/05
- South Plains Rural Health Services: Medical records for 5/24/04 to 8/2/04
- UMC Health System: Report of MRI lumbar spine dated 8/11/04
- Vanguard Physical Therapy, LLC: Exam, computerized inclinometry and manual muscle testing dated 7/29/04, 12/13/04, 3/29/05
- Dr. Winston Whitt: Consultation dated 11/10/04
- Covenant Surgicenter: Operative report dated 11/11/04, 1/6/05
- Lubbock Radiology: Report of lumbar spine series with flexion/extension dated 12/13/04
- Michael Carrell, DC: SOAP notes dated 8/20/04 to 2/7/05
- Cheryl Weber, MD: Required Medical Exam dated 4/19/05

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

9th day of May 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____