

MCMC

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

Date:	06/16/2005
Injured Employee:	
Address:	
MDR #:	M2-05-1500-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES: Pre-authorization denied for lumbar L4-5 epidural steroid injection w/fluoroscopic guidance.

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 06/16/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The denial of ESI w/fluoroscopic guidance is upheld.

CLINICAL HISTORY:

The injured individual is 51 year-old-male with a date of injury of _____. The injured individual had chiropractic care, traction, passive Physical Therapy. He complained of low back and leg pain. His neurological exam is normal by his IME and non-focal per his pain specialist. His MRI shows no evidence of nerve root entrapment.

RATIONALE:

The injured individual is 51 year-old-male with a date of injury of one year ago. The MRI showed stenosis due to osteophytes and facet hypertrophy with no evidence of nerve root entrapment. He has a normal neurological exam with negative SLR. His IME notes lumbar strain and does not find any neurologic symptoms either. His MD's note is also non-focal as far as neurologic changes. Based on the negative clinical exam and MRI not showing discal pathology, the ESI is not supported.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 04/25/05
- TWCC MR-117 dated 04/25/05
- TWCC-60
- Downs-Sanford, P.C.: Letter from Wendy Schrock dated 05/13/05

- Injury Management Organization: Determination Notices dated 02/28/05, 03/11/05 and 04/01/05
- Kevin Sandberg, M.D.: TWCC Evaluation Report dated 10/20/04
- TWCC-69: Report of Medical Evaluation from Dr. Sandberg dated 10/20/04
- Providence Memorial Hospital Radiology Report: MRI of the lumbar spine dated 09/01/04

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

16th day of June 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____