

# MCMC

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

<b>Date:</b>	<b>07/14/2005</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-05-1518-01</b>
<b>TWCC #:</b>	
<b>MCMC Certification #:</b>	<b>5294</b>

**REQUESTED SERVICES:** Proposed Lumbar ESI x3 L1-5 under fluroscopy.

**DECISION: Upheld**

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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 07/14/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The denial of the lumbar ESIs x3 under fluroscopy is upheld.

### **CLINICAL HISTORY:**

The injured individual is a female with a date of injury of \_\_\_ which involved her neck. She c/o back and leg pain in 12/2000. The injured individual has benefited somewhat from one prior lumbar ESI, but actually increased pain after the injection. She has no radicular findings, a chronic injury, and no MRI findings to support this injection.

### **RATIONALE:**

The injured individual is a female with low back and leg pain. The injured individual has a negative SLR, with no neurological or sensory changes. The MRI showed only disc dessication. She had one lumbar ESI in the past with only "some" relief. Her original low back complaints began five years ago.

The denial of the ESIs is upheld for multiple reasons. First, the injured individual failed to benefit in any substantial way from the first lumbar ESI. Second, there are no radicular findings or MRI findings to support doing an ESI. Lastly, her complaints began 5 years ago and finally, References #3,#4, #5, and #6 indicate there is no proven significant lasting benefit from ESIs in general. There are no prospective randomized studies to show any benefit over the long term, and their overall efficacy is questioned.

## REFERENCES

1. Bonica's Management of Pain third edition copyright '00.
2. Practical Management of Pain by P. Raj copyright '00.
3. Corlandt Forum 2001 May;159(15):"Steroids and Disc Herniation" Crowell RM.
4. Cochrane Database Syst Rev 2005 Apr;2;CD000319: "Medicinal and injection therapies for mechanical neck disorders" Peloso P.
5. ACOEM guidelines pg 300 chap 12.
6. Rev Med Liege 2004 Oct;59(10):557-64 "Indications for epidural steroids in back pain and radiculopathy" Fontaine R.

## RECORDS REVIEWED:

- Notification of IRO assignment 5/20/05
- TWCC MR 117 5/20/05
- TWCC 60
- Concentra 3/29/05
- Baylor College of Medicine 3/18/05
- Concentra 3/11/05
- Note from Dr. Stanley D. Gertzbein 2/9/05
- Note from Dr. Stanley D. Gertzbein 11/10/04
- Note from Dr. Stanley D. Gertzbein 7/7/04
- Note from Dr. Stanley D. Gertzbein 5/12/04
- River Oaks Imaging 12/17/04
- Alpert & Sermas Neurological Associates 10/25/04
- River Oaks Imaging 9/17/04
- Note from Dr. Stanley D. Gertzbein 7/7/04
- Note from Dr. Stanley D. Gertzbein 5/12/04
- Note from Dr. Stanley D. Gertzbein 7/2/03
- Note from Dr. Stanley D. Gertzbein 4/2/03
- Note from Dr. Stanley D. Gertzbein 12/4/02
- Note from Dr. Stanley D. Gertzbein 6/19/02
- Note from Dr. Stanley D. Gertzbein 3/13/02
- Diagnostic Imaging 12/5/01
- TWCC 73
- Established patient evaluation 6/11/03 Note from Dr. Stanley D. Gertzbein
- Note from Dr. Stanley D. Gertzbein 7/2/03
- TWCC 73
- River Oaks 10/15/03
- River Oaks 10/15/03
- River Oaks 9/17/04
- TWCC 73
- Alpert & Serma Neurological Associates 10/25/04

- River Oaks 12/17/04
- Note from Dr. Stanley D. Gertzbein 2/9/05
- Law Office of Jeffrey M. Lust 6/2/05
- TWCC 73
- Patient eval 4/21/04
- Note from Dr. Stanley D. Gertzbein 5/12/04
- TWCC 73
- Note from Dr. Stanley D. Gertzbein 7/7/04
- Fred B Kessler MD 9/22/04
- River oaks Imaging 9/17/04
- TWCC Hearing Division
- Fred B Kessler MD 10/25/04
- Charles F. Xeller MD 11/13/02
- Fondren Orthopaedic Group 4/25/02
- Report of Medical Evaluation
- Greater Houston Orthopaedic Specialists 6/5/00
- Fondren Orthopaedic Group 8/14/00
- The Methodist hospital 1/26/00
- TWCC 69

The reviewing provider is a Boarded Anesthesiologist and certifies that no known conflict of interest exists between the reviewing Boarded 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**

**14<sup>th</sup> day of July 2005.**

**Signature of IRO Employee:** \_\_\_\_\_

**Printed Name of IRO Employee:** \_\_\_\_\_