

# MCMC

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

<b>Date:</b>	<b>07/22/2005</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-05-1554-01</b>
<b>TWCC #:</b>	
<b>MCMC Certification #:</b>	<b>5294</b>

### **REQUESTED SERVICES:**

Proposed lumbar laminectomy fusion L1/2, L2/3 spinal inst. possible iliac bone graft.

### **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 07/22/2005 concerning the medical necessity of the above referenced requested service, hereby finds the following:

The denial of the proposed surgical procedure, L1-2 and L2-3 laminectomy and fusion with spinal instrumentation and possible iliac bone graft is upheld.

### **CLINICAL HISTORY:**

The injured worker has a date of injury of \_\_\_\_\_. The only clinical provided is a letter by Dr. Andrew Kant dated 03/02/2005 which states: "This is an initial report from this orthopaedic surgeon regarding the above patient. His repeat MRI of the lumbar spine does show dessication primarily at L1-2 and L2-3. There is some mild dessication at L3-4. Because of his persistent problems, I have given the patient the option of surgical intervention. I have cautioned him that there is no guarantee that it will be successful. Surgery would be a laminectomy at L1-2 and L2-3 with a fusion and spinal instrumentation."

One peer reviewer indicated that the injured worker has chronic back pain and has multi-level degenerative disc disease that extends proximal and distal to the L1-2 and L2-3 levels. He further indicates that the subjective neurological complaints do not fit entirely with the level of pathology being addressed.

The other peer reviewer indicates that the injured worker has multi-level disc degeneration and is really taking minimal medications. This procedure would not eliminate his pain and would set the stage for potential future problems.

**RATIONALE:**

The clinical information provided is insufficient to establish the medical necessity of the proposed surgery. I am able to surmise that the injured worker has back pain, but there is no indication of what part of the back is symptomatic, or whether there are any neurological symptoms. No physical examination findings are given that might substantiate the choice of levels.

The MRI apparently shows disc desiccation at multiple levels, but no nerve impingement. There is no indication of what non-surgical treatment has been offered, nor is there any indication of how the injured worker responded to that treatment. There is no substantive explanation of why this particular procedure will help this injured individual. The request is therefore not consistent with the quality of evaluation and clinical thinking required by standard guidelines, such as the North American Spine Society Clinical Guidelines, which are a reasonable national standard among spine specialists.

**RECORDS REVIEWED:**

- TWCC Notification of IRO Assignment dated 06/07/2005
- TWCC MR-117 dated 06/07/2005
- TWCC 60
- MCMC llc Notification letter dated 06/07/2005
- Letter from KSF Orthopaedic Center dated 03/02/2005
- Correspondence from Intracorp dated 03/10/2005
- Correspondence from Intracorp dated 03/23/2005

The reviewing provider is Boarded in Orthopaedic Surgery and certifies that no known conflict of interest exists between the reviewing Orthopaedic Surgeon 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**

**22<sup>nd</sup> day of July 2005.**

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

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