

MCMC

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

Date:	06/20/2005
Injured Employee:	
Address:	
MDR #:	M2-05-1585-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES: Proposed lumbar myelogram and post CT scan

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 06/20/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The denial of CT/Myelogram was upheld.

CLINICAL HISTORY:

The injured individual is 50-year-old male with an extensive history of lumbar surgeries both before and after his injury. He has known fibrosis, a protrusion at L2/3 without nerve compromise, a consistently positive EMG, and no new clinical changes from after his last surgery.

RATIONALE:

The injured worker is 50-year-old male with a date of injury of _____. He had lumbar surgery prior to this from which he recovered well. The injured individual had subsequent L4/5 fusion with cages in 01/2002 and then L3/4 fusion in 12/2002.

He has had a bone stimulator, but multiple radiologic studies in 2004 showed no fusion L3 to the sacrum and some movement at L4/5. An EMG of 10/2002 prior to his second Workers' Compensation related surgery showed acute right S1 radiculopathy while the EMG of 06/2003 showed acute left L5 radiculopathy and an EMG done 04/2005 showed acute bilateral L3 and L5 radiculopathy.

His surgeon recommended a discogram in 09/2003 to determine if the bulge at L2/3 or L5/S1 is causing his pain, but this was not done. He found positive SLR bilateral and

decreased sensation in the left L4 dermatome. The injured individual had a CT/myelogram in 06/2003 which showed fibrosis, a protrusion at L5/S1 and a bulge at L2/3 with no nerve root compression, no evidence of solid fusion and minimal spondylosis. The IME of 09/2004 who suggested the injured individual may need surgery for removal of the bone growth stimulator, but no further lumbar procedures or surgery was recommended. He then had a CT only in 11/2004 which showed a right L2/3 protrusion, but no nerve root involvement. The myelogram was denied. He has had facet injections recently with no relief; he has not had ESIs. His Physical Examination with Dr. Rosenstein, neurosurgery, is positive for SLR, but negative for motor/sensory changes so this is an improvement from exams of the past. Dr. Rosenstein feels the injured individual is exhibiting signs of a protrusion at L2/3 and requests another CT/myelogram only. The myelogram is not warranted as a similar test was done in 06/2003 with the same clinical findings and the CT of 11/2004 showed nothing new. Also, the injured individual has not failed all possible treatment for his radiculopathy such as an ESI or treatment directed at his known epidural fibrosis.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 05/10/05
- TWCC MR-117 dated 05/10/05
- TWCC-60
- MCMC IRO Medical Dispute Resolution M2 Prospective Pre-Authorizations dated 05/17/05 and 05/10/05
- ESIS: Letter from Ms. Smith dated 05/12/05
- MCMC llc: Invoice dated 05/11/05
- Jacob Rosenstein, M.D.: Follow-up notes dated 05/05/05, 03/07/05, 01/31/05
- DNI Diagnostic Neuroimaging: Lower Extremity Electrodiagnostic Study dated 04/20/05, Lumbar spine x-rays dated 01/31/05, CT of the lumbosacral spine dated 11/01/04
- Intracorp: Letters from Medical Department dated 03/31/05 and 03/22/05
- Jacob Rosenstein, M.D.: Medical Conference Notes 03/30/05, 03/22/05, 01/31/05
- Jacob Rosenstein, M.D.: Letter dated 03/23/05
- USMD Hospital at Arlington: Operative Report from Dr. Rosenstein dated 02/03/05
- High Point Pain Management: Follow-up notes dated 11/05/04, 09/17/04, 08/20/04
- Review Med: Required Medical Examination from Dr. Mark Parker dated 09/09/04
- USMD Surgical Hospital Radiology Report: Lumbar spine dated 02/11/04
- Arlington Neurosurgical Association: Letter from Dr. Carlos Acosta dated 02/05/04
- TWCC-69 – Report of Medical Evaluation from Dr. Carlos Acosta dated 10/07/03
- Churchill Evaluation Centers: Report of Medical Evaluation dated 10/07/03
- Review of Medical History & Physical Exam from Dr. Carlos Acosta dated 10/07/03
- ARCON: Impairment Rating dated 10/07/03
- Neurology: Report from Dr. Augusto Lastimosa dated 06/30/03
- Arlington Memorial Hospital Radiology Report: Lumbar myelogram and CT lumbar spine dated 06/24/03
- Mike Lee, M.D.: X-ray of the lumbar spine dated 01/22/03
- Arlington Memorial Hospital: Operative Reports from Dr. Carlos Acosta dated 12/09/02 and 01/30/02
- Mark Girson, M.D.: MRI of the lumbar spine dated 10/05/01

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

20th day of June 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____