

MCMC

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

Date:	08/24/2005
Injured Employee:	
Address:	
MDR #:	M2-05-1625-01
TWCC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please address prospective medical necessity of the proposed xylocaine discogram.

DECISION: Upheld

IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 08/24/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Uphold the denial of the proposed xylocaine discogram.

CLINICAL HISTORY:

This 58-year-old injured individual allegedly developed low back pain (LBP) on ___ when lifting a door on a trailer. The pain apparently radiates to his right groin and mid back. Dr. Patel evaluated him on 05/25/2004 because the back pain increased with standing and walking. The x-rays revealed mild degenerative lumbar spondylosis with facet arthropathy at L4/5.

The MRI of 05/13/2004 revealed a right paracentral disc herniation at L1/2 with foraminal and canal stenosis. There was a moderate focal left disc protrusion at L4/5 entering the foramen without impingement of the nerve root.

On 06/22/2004 and 07/20/2004 he was given root blockers at L1/2 on the right. The functional capacity exam (FCE) of 08/10/2004 revealed that he could work at a heavy physical demand level.

On 09/22/2004 the injured individual claimed to have sudden onset of left low back pain. He allegedly developed "left SI joint dysfunction and strain related to the work conditioning" program. Dr. Patel referred him to one of the staff chiropractors.

The post discogram CT scan revealed a broad based disc protrusion at L5/S1 to the left contacting the S1 nerve root, right lateral tear at L3/4, anterior tear at L2/3, and small radial tear at L4/5 with a broad based protrusion and diffuse annular fissuring at L5/S1.

Dr. Guyer evaluated him on 02/14/2005 and ordered a second xylocaine discogram at L3/4 and L4/5. The plan was to apparently re-pressurize the L3/4 level and see if his pain would go away. On 05/25/2005 2-level artificial disc replacement at L3/4 and L4/5 was recommended.

The patient has equivocal findings in that the MRI discogram/CT scan and clinical findings do not all mesh together to substantiate any type of invasive treatment.

RATIONALE:

The injured individual had a discogram performed six month after the alleged injury on _____. The discogram revealed partially concordant pain at L3/4 at 6/10 level, and 10/10 concordant pain at L4/5 with extravasation of contrast at L4/5. There was no pain at L2/3 and L5/S1.

The request is for another discogram at this time. However, there is no documentation of objective clinical findings that would substantiate the need for a second discogram at this time. The use of xylocaine to determine if there is relief of symptoms is not relevant since the patient has evidence of lumbar spondylosis at several levels.

Discograms particularly in the presence of multi-level degenerative spondylosis have not been shown to be useful in altering the long-term outcomes of chronic low back.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 05/12/05
- MR-117 dated 04/25/05
- TWCC-60
- TWCC-73 Work Status Report dated 03/16/05, 09/22/04, 08/11/04, 08/02/04, 06/28/04, 05/25/04
- MCMC IRO Medical Dispute Resolution Prospective dated 06/20/05, 05/12/05
- Texas Back Institute: Follow-Up Progress Notes from Richard Guyer, MD dated 05/25/05 and 03/16/05
- TPA for Ace Fire Und Ins Co: letters dated 04/14/05 and 03/10/05
- Texas Back Institute: Recommended Services for Medical Treatment dated 03/16/05
- Texas Back Institute: Radiology Review from Greg Elders, MD dated 02/14/05
- Texas Back Institute: History and Physical from Dr. Guyer dated 02/14/05
- Presbyterian Plano Center for Diag/Surg: Operative Report dated 01/28/05
- Presbyterian Plano Center for Diagnostics & Surgery: Radiology report dated 01/28/05

- Texas Back Institute: Follow-Up Progress Notes from Dennis Skogsbergh, DC dated 10/11/04 and 09/22/04
- Texas Back Institute: Follow-up Progress Notes from Nayan Patel, MD dated 09/22/04, 08/11/04, 08/02/04, 06/28/04
- Texas Back Institute: Initial Staffing Note from Sherry Carey, OTR dated 08/17/04
- Roberta Labart, OTR, Janna Kearns, PT: Functional Capacity Evaluation dated 08/10/04
- Parker Road Surgery Center: Operative Reports from Dr. Patel dated 06/22/04, 07/20/04
- Parker Road Surgery Center: Radiographic Interpretation Notes from Dr. Patel dated 06/22/04, 07/20/04
- Texas Back Institute: History and Physical Workers' Comp from Dr. Patel dated 05/25/04
- Texas Back Institute: Letter from Dr. Patel dated 05/25/04
- Texas Back Institute: Injured Worker Information dated 05/25/04
- Wilson N. Jones Regional Health System: MRI lumbar spine dated 05/13/04
- Wilson N. Jones Regional Health System: lumbar spine radiographs dated 05/06/04

The reviewing provider is a **Licensed/Boarded Orthopedist** and certifies that no known conflict of interest exists between the reviewing Orthopedist and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

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

24th day of August 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____