

MCMC

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

Date:	06/28/2005
Injured Employee:	
Address:	
MDR #:	M2-05-1685-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES: Pre-authorization denied for L4-5 TLIF; L5-S1 TLIF; Osteotomy L4-5; Post Lumbar Fusion L4-S1 and Cardiac Clearance

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 06/28/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The denial of L4-5 and L5-S1 TLIF with osteotomy of L4-5, posterior lumbar fusion at L4-S1 should be upheld.

CLINICAL HISTORY:

This is a 56 year old male with history of low back injury in ___ and subsequent fusion surgery for back pain in 2002. There is also history of a previous fusion in 1985. Most recent complaints are back pain only. Most recent examination shows decreased range of motion in the lumbar spine with normal neurological exam and negative SLR's.

Radiographic studies show L1-2 fusion with retained hardware and CT scan documented pseudoarthrosis and apparently solid posterolateral fusion at L4-5. He had a failed trial of a spinal cord stimulator. He had temporary reduction of back pain with bilateral medial branch blocks at L3-4, L4-5, and L5-S1. He had some benefit from an epidural steroid injection.

Discogram study of 12/08/2004 by Dr. Casey indicates concordant pain response at low pressures at L4-5 and L5-S1, non-concordant pain at L4-5. The L2-3 level was not injected on this study. Previous discogram study of 7/18/01 revealed concordant pain at L1-2 and L5/S1. There was 9/10 non-concordant pain with Grade III/IV tears at L2-3.

Lumbar myelogram and CT scan of 3/8/04 reveals multilevel advanced degenerative disc disease, including retrolisthesis of L2-3 of 3 mm. Also noted is lumbar scoliosis.

Surgery denial was recommended by Dr. Shirley due to his opinion that the surgery will not eliminate the pain of multi-level degenerative disc degeneration. Also, the comorbidity of smoking was considered adverse to the outcome.

Surgery denial was recommended by Dr. Bayles due to his opinion that "all conservative management has not been exhausted."

Dr. Sazy, the requesting surgeon, indicates, in a letter of 03/08/05, that Dr. Shirley's denial should not be upheld due to lack of understanding of the patient's actual pathology and surgical decision making process, as well as Dr. Sazy's opinion that the ACOEM guidelines are not used by surgeon's in surgical decision making and are, therefore, not valid basis for denial.

RATIONALE:

This injured individual represents failed back surgery syndrome. He has several potential sources of pain including 1) L1-2 pseudarthrosis, 2) L2-3 juxtafusion degeneration and segmental instability, 3)L3-4 juxtafusion degeneration and facet syndrome, 4)L4-5 discogram positive disc disruption under previous posterior fusion, 5) L5-S1 juxtafusion degeneration, discogram positive disc disruption and facet syndrome, 6) Facet arthropathy, verified by temporary benefit of bilateral medial branch blocks at L3-4, L4-5, and L5-S1, and 7)Degenerative scoliosis. The injured individual has cleared a psychological profile prior to the trial of a spinal cord stimulator. He appears to be a potential candidate for surgery. However, the surgery selected at L4-5 and L5-S1 will not completely address the multiple levels of pathology indicated above and will put further juxtafusion stress on the already abnormal L2-3 and L3-4 levels. The surgical plan needs reconsideration. Cardiology clearance is indicated prior to surgery in view of the injured individual's history of HBP and smoking.

REFERENCE:

"Diwan AD, et.al., "Lumbar Spine: Degenerative Disease" in Boden and Bohlman, editors, The Failed Spine, Lippincott Williams and Wilkins, 2003, pages 203-219.

RECORDS REVIEWED:

- John A. Sazy M.D. Return Patient visit
- John A. Sazy M.D. 2/23/04
- Orthopedic Surgery Pavilion 12/08/04
- MRI Group & Oak Park Pain management 12/8/04
- DNI 3/6/04
- Consultants in Radiology Report of Radiological Examination 7/18/01
- Operation Report 7/18/01
- Open MRI of America 4/6/99

- Stephen J. Becker 7/30/04
- Orthopedic Surgery Pavilion 8/06/04
- Physician's Operative Report
- TWCC Notification of IRO Assignment 5/17/05
- TWCC MR-117 5/17/05
- TWCC- 60
- Intracorp 2/9/05
- Intracorp 3/24/05
- Intracorp 3/24/05
- Dr. John A. Sazy pre-authorization Request 3/17/05
- Intracorp 3/24/05
- Intracorp 3/24/05
- John A. Sazy 3/8/05
- Intracorp 2/9/05
- John A. Sazy Return patient visit
- Orthopedic Surgery Pavilion 12/8/04 Procedure Report
- MRI Group 7 Oak Park Pain Management 12/8/04
- 11/4/04 Report
- 10/7/04 Report
- 9/21/04 report
- 9/9/04 Report
- 8/19/04 Report
- 7/27/04 Report
- 7/13/04 Report
- 6/22/04 Report
- 6/1/04 report
- 5/18/04 Report
- 4/29/04 Report
- Orthopedic Surgery Pavilion 8/6/04
- Physician's Operative Note
- DNI 3/8/04
- John Sazy MD 2/23/04
- SWBS 2/4/02
- Kindred Hospital Report
- Operation report
- Consultants Report of radiological examination 7/19/01
- Open MRI of America 4/99

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

28th day of June 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____