

MCMC

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

Date:	06/30/2005
Injured Employee:	
Address:	
MDR #:	M2-05-1714-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES: Proposed discogram post CT L3-S1.

DECISION: Reversed

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 06/30/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The denial of the Discography and post-discography CT L3-S1 was overturned.

CLINICAL HISTORY:

The injured individual is a 43 year old female who was injured as a stocker on ___ while working freight, stocking, breaking down pallets, and repetitive lifting with complaints of left buttock or low back pain noted on pain drawing from the ER on 11/20/2002. The ER physician offered clinical impression of lumbar and sacroiliac strain and low back pain. Subsequent ER visit of 12/02/2002 showed a broader picture of lumbar pain with radiation down both legs. X-rays on that date showed mild degenerative changes of the sacroiliac joints, mild right thoracolumbar scoliosis, and isthmic spondylolisthesis of L5-S1 with bilateral pars defects.

RATIONALE:

The issue at hand is unrelenting low back pain for more than two years after a work injury involving repetitive lifting activities in an adult with a pre-existing, developmental spondylolisthesis of L5-S1 with associated degenerative changes at L5-S1 and L4-5. The North American Spine Society, which is a recognized national organization for spine practitioners, both surgical and non-surgical, has published treatment algorithms for spondylolisthesis and for unrelenting low back pain. These represent a reasonable standard of care for evaluating this case and will be referred to below in my analysis. Spondylolisthesis of L5-S1 is a common condition in approximately 5-6% of the

population. The presence of bilateral pars defects and a forward shifting of L5 on S1 creates a biomechanical condition of relative instability. The condition occurs during growth, but is often asymptomatic until adult life, when the progression of degenerative changes in the disc and facet joints further weakens the segment, rendering the individual more susceptible to the effects of injury. A common scenario for "injuring" this segment is repetitive lifting and bending activities. The resulting pain is lumbosacral and buttocks, but may also include leg pain if the lateral recesses are narrowed.

The pain associated with a symptomatic spondylolisthesis can often be managed with medication, physical therapy, and injections. There are, however, some patients who have persistent low back pain despite these measures. This patient under consideration represents one such case.

According to the NASS guidelines, "Persistent significant low back pain that affects the patient's quality of life for more than 4-6 months of conservative care is a relative indication for surgical treatment." The guidelines do recognize that the results of surgery are not as good in patient's with secondary issues due to worker's compensation.

In regards to discography, the guidelines indicate that "When an MRI reveals a degenerated disc (dark disc on T2 imaging) directly above an area of slip, discography of this disc may be warranted to determine its potential contribution to the symptom of lower back pain." Discography, along with selective nerve root injections and pars defect injections, is listed as a diagnostic procedure in the evaluation of a patient with symptomatic spondylolisthesis. In this patient's case, L4-5 shows signal intensity changes consistent with degeneration. Discography would be indicated as part of the full evaluation of this patient's pain, for further treatment planning.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment 5/17/05
- TWCC- 117 5/17/05
- TWCC-60
- UniMed Direct LLC 4/22/05
- UniMed Direct LLC 4/14/05
- Claims Management Independent Review Organization Summary 11/8/02
- Unimed Direct LLC references for screening Criteria
- Spine Report and research
- TWCC- 1- Employer's first Report of injury or illness
- AR claims Management , INC 2/15/05
- Emergency Physician's record
- Texas Back Institute 12/2/02
- Cary Tanamachi MD Office Note 1/27/03
- TWCC-73

- Texas Back institute 2/20/03
- TWCC- Texas worker's compensation work Status Report
- Texas Back institute 3/6/03
- TWCC- 73
- Spine Resource Consultants 3/16/03
- Texas Back institute 4/3/03
- Texas Back institute 5/01/03
- Benzel Macmaster required medical evaluation 11/8/02
- TWCC-73
- Texas Back institute 6/04/03
- Benzel Macmaster required medical evaluation 11/8/02
- Texas Back institute 7/03/03
- TWCC-73
- Parker Road Surgery Center operative report 7/29/03
- Parker Road Surgery Center Radiographic Interpretation Note 7/29/03
- Texas Back institute 7/31/03
- Texas Back institute 8/28/03
- TWCC-73
- Parker Road Surgery Center operative report 9/23/03
- Parker Road Surgery Center Radiographic Interpretation Note 9/23/03
- Texas Back institute 9/25/03
- TWCC-73
- Texas Back institute 10/30/03
- Texas Back institute 12/4/03
- TWCC- 73
- Texas Back institute 12/18/03
- Texas Back institute 1/7/04
- Texas Back institute 1/8/04
- TWCC-73
- Texas Back institute 1/15/04
- P.I. Solutions Privileged and Confidential Report 1/27/04
- Texas Back institute 2/5/04
- Texas Back institute 2/12/04
- TWCC- 73
- Texas Back institute 3/3/04
- Texas Back institute 3/4/04
- TWCC- 73
- Texas Back institute 3/11/04
- Texas Back institute 3/23/04
- Texas Back institute 4/1/04
- Texas Back institute 4/8/04
- Health South Evaluation Center- Dallas 3/2/04
- TWCC- 73
- Texas Back institute 4/22/04
- TWCC-73
- Texas Back institute 5/10/04
- Texas Back institute 5/20/04
- TWCC- 73
- Texas Back institute 6/17/04

- Texas Back institute 7/6/04
- Texas Back institute 7/15/04
- Psychiatric Diagnostic Interview and recommendation 7/20/04
- Texas Back institute 8/12/04
- TWCC-73
- Texas Back institute 8/19/04
- Texas Back institute 9/9/04
- Texas Back institute 10/7/04
- Texas Back institute 10/22/04
- Texas Back institute 11/4/04
- Texas Back institute 12/2/04
- Texas Back institute 12/7/04
- Texas Back institute 12/16/04
- Texas Back institute 1/13/04
- TWCC-73
- Report of Medical Evaluation 2/4/05
- TWCC- 69 Report of Medical Evaluation
- Texas Back institute 2/8/05
- Texas Back institute 3/10/05
- Occupational Health resources International
- TWCC- 69
- Report of Medical Evaluation
- Texas Back institute 4/7/05
- Texas Back institute 4/21/05
- Evidence Based Medical evaluations 5/20/05
- Doctor's Hospital of Dallas 4/24/01
- TWCC- 69
- Doctor's hospital Progress Note
- Report of Medical Evaluation
- ROM Physical therapy 1/27/03
- Dallas Spinal rehabilitation Center- Daily Progress Note 8/2/04
- Dallas Spinal rehabilitation Center- Daily Progress Note 8/3/04
- Dallas Spinal rehabilitation Center- Daily Progress Note 8/4/04
- Dallas Spinal rehabilitation Center- Daily Progress Note 8/5/04
- Dallas Spinal rehabilitation Center- Daily Progress Note 8/6/04
- Physical Therapy evaluation and treatment plan 8/2/04
- Dallas Spinal rehabilitation Center- Daily Progress Note 8/2/04
- Dallas Spinal rehabilitation Center- Daily Progress Note 8/3/04
- Dallas Spinal rehabilitation Center- Daily Progress Note 8/4/04
- Dallas Spinal rehabilitation Center- Daily Progress Note 8/5/04
- Dallas Spinal rehabilitation Center- Daily Progress Note 8/6/04
- Dallas Spinal rehabilitation Center- Daily Progress Note 8/5/04
- Dallas Spinal rehabilitation Center- Daily Progress Note 8/9/04
- Dallas Spinal rehabilitation Center- Daily Progress Note 8/10/04
- Dallas Spinal rehabilitation Center- Daily Progress Note 8/11/04
- Dallas Spinal rehabilitation Center- Daily Progress Note 8/12/04
- Dallas Spinal rehabilitation Center- Daily Progress Note 8/13/04
- Pain rounds for pain management program week 1 8/2/04-8/6/04

- Multi disciplinary team staffing 8/4/04
- Multi disciplinary team staffing 8/11/04
- Pain rounds for pain management program week 2 8/9/04-8/12/04
- Dallas Spinal rehabilitation Center- Daily Progress Note 8/16/04
- Dallas Spinal rehabilitation Center- Daily Progress Note 8/17/04
- Dallas Spinal rehabilitation Center- Daily Progress Note 8/18/04
- Dallas Spinal rehabilitation Center- Daily Progress Note 8/19/04
- Dallas Spinal rehabilitation Center- Daily Progress Note 8/20/04
- Dallas Spinal rehabilitation Center- Physical Therapy weekly summary
- Pain rounds for pain management program week 3 8/16/04-8/20/04
- Multi disciplinary team staffing 8/18/04
- Dallas Spinal rehabilitation Center- Daily Progress Note 8/9/04
- Dallas Spinal rehabilitation Center- Daily Progress Note 8/10/04
- Dallas Spinal rehabilitation Center- Daily Progress Note 8/11/04
- Dallas Spinal rehabilitation Center- Daily Progress Note 8/12/04
- Dallas Spinal rehabilitation Center- Daily Progress Note 8/13/04

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

30th day of June 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____