

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-1731-01
Name of Patient:	
Name of URA/Payer:	Lumbermens Mutual Casualty Co.
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Helen Patel, MD

June 14, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in orthopedic surgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Jacob Rosenstein, MD
Helen Patel, MD
Texas Workers Compensation Commission

CLINICAL HISTORY

Medical records indicate that Mr. Peterson was injured on ____ in the course of his employment. He subsequently developed neck and lower back pain. He was noted on multiple imaging studies to have rather diffuse degenerative changes in the cervical and lumbar spine. On 7/26/02 he underwent ACDF at C5-6 and C6-7. He continued to have significant neck pain after that. Subsequently his lower back was evaluated. He had multiple imaging studies showing degenerative changes through the lower lumbar segments. He had discograms, which were positive at the four lowest lumbar levels. He was diagnosed as having chronic lower back pain and bilateral lumbar radiculopathy. On 3/6/03 he underwent posterior lumbar interbody fusion at L4 through S1. He continued to have significant back and leg symptoms. Subsequent lumbar CT scan performed on 3/22/05 showed an apparently solid-appearing fusion from L4 to S1. He was noted to have disc protrusions and a small left foraminal disc herniation at L3-4 and facet joint degenerative changes at that level. He also had a 2-3 mm disc protrusion at L2-3 and facet joint changes at L1-2. The L4 to S1 area showed no evidence of recurrent disc protrusion or stenosis. The requested procedure under review is lumbar myelogram with post-myelographic CT scan of the lumbar spine.

Review of medical records indicates that the patient was seen on 12/7/01 by Dr. Blair. He was noted to have a chronic pain syndrome with symptom manifestation and probably depression and some somatoform disorder. Dr. Blair at that time felt there was no objective medical evidence to support the need for operative intervention.

A lumbar discogram was carried out on 1/15/02 showing positive pain response at all four lumbar levels. On 1/25/02 an EMG and nerve conduction study of the lower extremity was normal. On 10/20/03 the patient had another EMG and nerve conduction study showing some

positive sharp wave activity in the paraspinal muscles with some polyphasics in the peroneus, anterior tibialis, and vastus lateralis, and gluteus medius muscles. A repeat myelogram CT was performed on 10/27/03 showing extradural defects at L3-4 with some impingement of the left L3 nerve root.

Psychiatric evaluation was carried out on 12/15/03 which indicated that the claimant was having a tremendous amount of pain. He was noted on Access 1 to have a pain disorder associated with psychological factors of major depression with generalized anxiety and chronic pain. It was recommended that he be referred to a psychiatrist for treatment of depression and somatoform disorder. The patient apparently subsequently was placed in a chronic pain management program.

On 3/23/05 the patient saw Dr. Rosenstein again, his treating surgeon, for complaints of neck and lower back pain. He noted he had undergone previous cervical and lumbar surgery. He was complaining of lower back pain and bilateral leg pain with the right being more than the left. He had no symptoms of numbness. He had no bowel or bladder dysfunction. Exam showed a positive straight leg raising bilaterally at 60 degrees. Neurological exam was reported to be normal. The previous CT done was felt to indicate a solid fusion at L4 to S1 with some stenosis and a disc protrusion at L3-4. The assessment was low back pain, bilateral lumbar radiculopathy status post L4 to S1 PLIF. Additional diagnoses included L3-4 stenosis secondary to disc protrusion, facet ligament hypertrophy, lumbar facet syndrome, and a chronic pain syndrome, as well as chronic neck problems. He recommended a lumbar myelogram with a post-myelogram CT to assess for nerve root compression and stenosis.

REQUESTED SERVICE(S)

Proposed lumbar myelogram with post CT scan.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

A repeat lumbar myelogram and post-myelographic CT is not medically reasonable or necessary in relation to the injury of ___ for multiple reasons. The claimant demonstrates diffuse lumbar degenerative disc and degenerative joint disease, which could not reasonably be

attributed to a single injury, which occurred on _____. It is more likely than not that if the claimant is having symptoms from the L3-4 level, these symptoms are more related to his underlying degenerative lumbar disc and joint disease and to the effects of aging and normal everyday activities than to the single incident of _____. Furthermore, the medical records indicate that the claimant has significant psychological abnormalities including depression, anxiety, and somatoform pain disorder. Therefore, the possibility of relieving his pain with further surgery would be minimal.

Further, support for non-authorization of the proposed diagnostic study would be supported by the AHCPR Guide #14 and the Cochrane Collaborative Reviews, which indicate that only strong concordant preoperative physical and imaging findings would predict a reasonable surgical outcome. There is no evidence in the medical records to indicate that there are objective findings of a lumbar radiculopathy. There is no evidence of any reflex changes, muscle weakness, or bowel or bladder dysfunction. In the absence of strong concordant findings, further imaging to support a surgical procedure would not be reasonable or necessary.

There is also agreement with the opinions of the previous reviewers that information from the ACOEM Guides on page 303 would indicate that indiscriminate imaging will usually lead to false positive findings that are not the source of the patient's symptoms. Therefore, it would appear that the requested diagnostic imaging studies are predicated on the concept that surgical intervention may resolve this claimant's pain. Based upon his psychological condition, the absence of concordant physical and neurological findings, and the fact that his underlying degenerative disc and joint disease is probably the source of his ongoing pain and not his specific injury on _____, the lumbar myelogram and post-myelographic CT scanning is not medically necessary or reasonable in relation to the injury of _____.

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) calendar days of your receipt of this decision (20 Tex. 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) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party 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 16th day of June 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell