

# MCMC

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

<b>Date:</b>	<b>07/15/2005</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-05-1732-01</b>
<b>TWCC #:</b>	
<b>MCMC Certification #:</b>	<b>5294</b>

### REQUESTED SERVICES:

The proposed lumbar depo medro and marcaine injections.

### DECISION: Upheld

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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 07/15/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The denial of the injections is upheld.

### CLINICAL HISTORY:

The injured individual is a 56-year-old female with a DOI of \_\_\_\_\_. The injured individual had subsequent lumbar surgery. She has ongoing back pain but no radicular pain reported. The efficacy of an ESI in this setting (prior surgery, chronic pain, no radicular features) is minimal.

### RATIONALE:

The injured individual is a 56-year-old female with a history of a lumbar fusion at L4/5. The current symptoms are only back pain with no radicular features or findings. These injections (ESIs) are also denied as their efficacy in a injured individual with a history of prior lumbar surgery and a chronic injury is minimal. Also, there are no prospective randomized studies to show any benefit over the long term, and their overall efficacy is questioned.

### RECORDS REVIEWED:

- TWCC IRO Assignment 5/23/05
- TWCC- MR-117 5/23/05
- TWCC-60

- Unimed Direct LLC 4/08/05
- UniMed Direct LLC 4/27/05

The reviewing provider is Boarded in Anesthesiology 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**

**15<sup>th</sup> day of July 2005.**

**Signature of IRO Employee:** \_\_\_\_\_

**Printed Name of IRO Employee:** \_\_\_\_\_