

MCMC

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

Date:	07/22/2005
Injured Employee:	
Address:	
MDR #:	M2-05-1959-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES:

Pre-authorization for lumbar epidural steroid injections x 3.

DECISION: Partial

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 07/22/205 concerning the medical necessity of the above referenced requested service, hereby finds the following:

In regards to the 3 requested lumbar epidural steroid injections, the denial of two injections is upheld, while the denial of one injection is reversed.

CLINICAL HISTORY:

The injured worker is a 58-year-old male with a DOI in _____. The injured worker had physical therapy without relief. He has multiple radicular symptoms (positive SLR, absent reflexes, decreased strength, decreased sensation) always in the left leg. The injured worker complained of low back and left leg pain. MRI did show a disc protrusion although it did not show any nerve root impingement. EMG was normal. The injured worker has clinical radicular findings with disc pathology on MRI. Based on this, one ESI is reasonable.

RATIONALE:

The injured worker is a 58-year-old male who had an MVA on _____. The injured worker has a history of back and left leg pain unrelated to this for the past six years. He was seen by orthopaedic surgeon on 03/02/2005 and complained of left knee pain only. The orthopaedic surgeon found positive SLR with lumbar tenderness on his exam. He felt the injured worker had significant pre-existing DJD compounded by his DOI and recommended physical therapy which has helped somewhat. He also recommended an

ESI consult with pain management. An MRI in March 2005 showed an anterior protrusion but no nerve impingement. EMG/NCV of March 2005 were also normal.

The injured worker is noted to have decreased sensation in the left leg along with decreased reflexes and positive SLR by both his neurologist and pain specialist. The physician pain specialist is requesting a series of 3 lumbar ESIs. At most, one ESI is reasonable. If successful, potentially the full series could be offered.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 06/22/05
- TWCC MR-117 dated 06/10/05
- TWCC MR-100 dated 06/10/05
- TWCC-60
- TWCC-73 reports dated 05/31/05, 05/03/05, 04/27/05, 03/30/05, 03/03/05, 03/02/05
- MCMC llc: IRO Medical Dispute Resolution Prospective dated 07/12/05
- Texas Department of Transportation: Letter from Janet Seaton dated 06/30/05
- Texas Department of Transportation: Voucher Request Form dated 06/29/05
- MCMC llc: Notification letter dated 06/20/05
- Forte: Notice of Intent to Issue an Adverse Determination dated 06/02/05, 04/12/05
- Forte: Notice of Utilization Review Findings dated 06/03/05, 04/12/05
- Herbert Edmundson, Jr., M.D.: Neurological Evaluations dated 05/09/05, 03/29/05, 03/04/05
- Manjit Randhawa, D.O.: History and Physical dated 04/06/05
- Physical Therapy Daily Progress Notes dated 04/06/05 and 04/05/05
- Lumbar Flow Sheet
- Physical Therapy Lumbar/Lower Quarter Evaluation dated 04/05/05
- Craig McDonald, M.D.: Initial Visit dated 03/30/05
- Harris M. Hauser, M.D.: MRI of the lumbar spine dated 03/22/05, MRI of the brain dated 03/22/05
- Herbert Edmundson, Jr., M.D.: EMG/NCV report dated 03/04/05
- Craig McDonald, M.D.: Report dated 03/02/05
- Handwritten doctor's note dated 02/28/05
- Forte: Employer's First Report of Injury or Illness dated 02/25/05
- Angleton Danbury Medical Center: CT scan of the head dated 02/23/05, right knee radiographs dated 02/23/05, cervical spine radiographs dated 02/23/05
- History and Physical from the office of Dr. Manjit S. Randhawa dated 04/06/2005
- MRI of the Brain Radiology Report dated 03/22/05
- MRI of the Lumbar Spine Radiology Report dated 03/22/05

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

22nd day of July 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____