

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-1970-01
Name of Patient:	
Name of URA/Payer:	Service Lloyds
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Robert LeGrand, MD

July 11, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. 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: Robert LeGrand, MD
Texas Workers Compensation Commission

CLINICAL HISTORY

This is a gentleman with a history of injury dating back to _____. This injury led to a C4 – C7 fusion and a L4 – S1 fusion. He was doing reasonably well until January 24, 2005 when there was an increase in the complaints of pain. The primary treating physician elected to attempt a steroid injection; however, this did not ameliorate the symptomology. After the injection the primary treating physician felt that a repeat cervical and lumbar myelogram was necessary without offering an explanation as to why, without completing plain films of the cervical or lumbar spine or noting in what nerve roots distributions there were any specific findings. The request was denied and the response from the primary treating physician was that this was needed solely as a function of time. Dr. LeGrand notes that for unknown reasons the request was denied four times. A review of the pre-authorization documents clearly notes that there is a lack of any clinical information to support the request.

REQUESTED SERVICE(S)

Cervical and lumbar myelogram with CT.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

The standard of care for any clinical situation is to note the **S**ubjective complaints being offered by the patient, **O**bjectify the pathology in terms of an appropriate physical examination and any other studies (imaging or otherwise) and **A**ssess the situation before determining a **P**lan. This SOAP procedure would serve to justify any competent process that is warranted. All that was presented was a notation of a past surgery and complaints of pain. Where is the pain? In what dermatomal distribution are the changes that might be related to the clinical condition? Are there any plain radiographs that would be able

to document an arthrodesis, osteophyte or other alteration to the accepted anatomy that would explain the complaints? All that can be drawn from the progress notes provided in this case is that this requested procedure fails to meet the standard of reasonable and necessary care. There must be a reason to undertake any invasive procedure and the requestor fails to provide any reason whatsoever. As noted by Crock & Crock in Lumbar Disc Herniation Lippincott Williams & Wilkins 2002 the appropriate evaluation include the proper imaging studies. In that these studies have not been completed, there is no clinical indication for a repeat cervical or lumbar myelogram at this time.

One last point, based on the progress notes presented for review, there does not appear to be a substantial change in condition; all that is presented is an ongoing complaint of pain in a 64 year old who underwent extensive cervical and lumbar fusion procedures, procedure that will overload the capacity of the adjacent joints and be causative for complaints of pain.

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 13th day of July, 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell