

MCMC

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

Date:	07/22/2005
Injured Employee:	
Address:	
MDR #:	M2-05-2018-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES:

Pre-authorization for L5/S1 laminectomy/discectomy.

DECISION: Upheld

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 07/22/2005 concerning the medical necessity of the above referenced requested service, hereby finds the following:

The denial of the requested surgical procedure, L5-S1 laminectomy and discectomy, is upheld.

CLINICAL HISTORY:

The injured worker is a 45-year-old female who was injured on ___ while working as a cashier. She slipped and fell and landed on the front of her right knee, also injuring her right arm. The complaint of low back pain was first noted on an evaluation of May 24, 2003.

Her initial evaluation at Alamo Healthcare on May 29, 2003 included the diagnosis of lumbar spine strain and right sacroiliac joint sprain. She was noted to be particularly tender over the right sacroiliac joint.

A subsequent evaluation of July 18, 2003 includes the notation of mild lower back pain with activity. Straight leg raising was negative examination. A functional capacity evaluation of the same day included the comments of lower back pain had been constant, dull, and aching. Examination showed slight weakness of the right hip and knee with good distal strength. Reflexes were noted to be 1+ at both ankles, absent right knee, 2+ left knee.

The injured worker underwent a course of work therapy and had a functional capacity evaluation on September 5, 2003.

A physician note of September 8, 2003 indicates that the right sacroiliac joint is in need of injection.

Initial evaluation by Dr. Martinez, a pain specialist, on October 10, 2003 includes the diagnosis of left sacroiliac joint dysfunction in lumbar facet syndrome.

The medical evaluation by Dr. Taylor on October 9, 2003 indicates the impression of non-organic findings in symptoms for the lower back.

The injured worker was evaluated by Dr. Richard Wilson, an orthopedic surgeon, on June 9, 2004. He indicates that she was having a sciatica pain down the left leg and all the way into the left heel. His examination showed a positive straight leg raising on the left side with reflexes absent throughout and a slight sensory deficit at S1 on the left. X-rays revealed slight scoliosis with spasms of the right at L5-S1.

Lumbar spine MRI of June 16, 2004 reveals, at L5-S1, minimal diffuse disc bulge causing no significant central spinal or neural foraminal stenosis." However, Dr. Wilson, and his own interpretation of the MRI scan, believes there to be a lateral disc herniation on the left at L5-S1. For this reason he is recommending L5-S1 hemilaminectomy and discectomy.

The injured worker did undergo an epidural steroid injection on July 13, 2004. A subsequent office note of July 20, 2004 indicates that there was no relief of her pain by the injection.

Incidentally, Dr. Wilson notes on August 18, 2004 that the patient has symptomatic plantar fasciitis in the left foot.

Examination on December 15, 2004 by Dmitriy Buyanov, MD, the pain specialist indicates that the injured worker's pain is 8/10, mostly in the back with sharp, shooting occasional pain to the lower extremity. He indicates that she has pain in both lower extremities and muscle spasm. Physical examination reveals positive straight leg raising on both sides, was sensory changes consistent with L4-5. Reflexes are 1+ in both knees and ankles.

RATIONALE:

The requested surgical procedure is not necessary for the treatment of the injured worker's injury as the current clinical history is inconsistent with the clinical picture clearly documented for several months after her injury. Furthermore, her physical

examination and symptoms are inconsistent between recent evaluations. Furthermore, the MRI study does not reveal any surgical lesions.

The mechanism of injury documented is a fall onto the right knee. It is conceivable that this could cause a strain of the right sacroiliac joint and associated lumbosacral musculature. Initial documentation for the first 5-6 months of treatment focuses on the right sacroiliac area as the location of pain. Complaints were of mild lower back pain with no leg pain. If this injured worker has left sciatica, it developed much later than her injury and is not clearly connected to the injury mechanism.

The most recent evaluations are those of Dr. Richard Wilson and Dr. Buyanov. The clinical picture and examination is quite inconsistent between these two specialists. For example, Dr. Wilson finds a positive SLR on the left only with S1 dermatomal changes, while Dr. Buyanov finds SLR positive bilateral, with L4-5 dermatomal changes. For Dr. Wilson the reflexes are symmetrically absent, but for Dr. Buyanov they are 1+ throughout.

The MRI study does not reveal a surgical lesion.

According to nationally recognized standards, such as the NASS Clinical Guidelines, there should be a clear correlation of symptoms, exam findings, and imaging studies in order to have a successful discectomy. Dr. Wilson is recommending surgery based on a clinical picture that is inconsistent with the injury, based on examination findings that are inconsistent with other evaluations over time, and based on an MRI that does not show a surgical lesion. Therefore, the requested surgery is inconsistent with accepted standards.

RECORDS REVIEWED:

- MCMC llc: IRO Medical Dispute Resolution Prospective dated 07/12/05
- TWCC Notification of IRO Assignment dated 06/22/05
- TWCC MR-117 dated 03/14/05
- TWCC-1
- TWCC-60
- TWCC-73: Work Status Reports dated 05/12/03 through 06/08/05
- Arkansas Claims Management, Inc.: Letter from Raina Robinson dated 06/30/25 with attached check for \$650.00
- Claims Management, Inc.: Independent Review Organization Summary dated 06/29/05
- MCMC llc: Notification letter dated 06/22/05
- Work Comp chart notes dated 04/07/05, 02/17/05, 01/08/05
- UniMed Direct LLC: Review Determinations dated 03/08/05 and 02/24/05
- Endocare: Summary and Graphical Analysis dated 02/17/05
- Texas Evaluation Center of San Antonio: Supplemental Report from Charles Kennedy, M.D. dated 01/19/05
- Texas Evaluation Center of San Antonio: Report from Charles Kennedy, M.D. dated 12/22/04 with attached Functional Abilities Evaluation

- Dmitriy Buyanov, M.D.: New Patient Evaluation dated 12/15/04
 - Cynthia Sherry, M.D.: Report dated 10/22/04
 - Richard Wilson, M.D.: Reconsideration for Surgery dated 09/24/04
 - Richard Wilson, M.D.: Lumbar Spinal Evaluation follow-up notes dated 09/15/04, 08/18/04, 07/21/04, 06/23/04
 - Alamo Healthcare Systems: Reports dated 08/13/04, 07/16/04, 07/11/03, 06/20/03, 06/06/03
 - Letter of Medical Necessity dated 07/26/04
 - Alamo HealthCare Systems: Lumbar ESI Procedure Note dated 07/13/04
 - Alamo HealthCare Systems: Recovery Room Log dated 07/13/04
 - Fredrick Kersh, D.O.: Report dated 06/07/04
 - Gary Pamplin, M.D.: Report dated 06/28/04
 - Phillip Osborne, M.D.: Report dated 06/18/04
 - Northwest Imaging Center: MRI of the lumbar spine dated 06/16/04
 - Richard Wilson, M.D.: Report dated 06/09/04
 - Alamo HealthCare Systems: Letter from Jon Lamoureux, D.C. dated 02/27/04
 - Enrique Almaguer, M.D.: Letter dated 10/30/03
 - TWCC: Benefit Dispute Agreement dated 10/17/03
 - Consultants In Pain Medicine: Clinic Evaluation from Raul Martinez, M.D. dated 10/09/03
 - Texas Evaluation Center of San Antonio: Report from Marc Taylor, M.D. dated 10/09/03
 - Enrique Almaguer, M.D.: Office notes dated 09/24/03 through 06/08/05
 - Buena Vista Workskills: Final FCE report from Monica Gibson, P.T. dated 09/05/03
 - Salvador Baylan, M.D.: Electrodiagnostic Study Report dated 08/28/03
 - Plastic & Reconstructive Surgery: Report from E. C. Almaguer, M.D. dated 08/25/03
 - TWCC: Payment of Compensation or Notice of Refused/Disputed Claim dated 08/22/03
 - Buena Vista Workskills: Interim Functional Capacity Evaluation from Mysti Clifton, P.T. dated 08/18/03
 - Buena Vista Workskills: Interdisciplinary Weekly Staffing Report dated 08/01/03
 - Buena Vista Workskills: Initial Clinical Interview from Cheri McGeary, M.S. and Javier Wvillanueva, Ph.D. dated 07/29/03
 - Work Hardening Daily Notes dated 07/28/03 through 09/10/03
 - Beuna Vista Workskills: Group Psychotherapy Progress Notes dated 07/25/03 through 09/05/03
 - Beuna Vista Work Skills: Report from Mysti Clifton, P.T. dated 07/23/03
 - FCE Intake Form dated 07/18/03
 - Alamo Healthcare System LP: Report from Thomas Partalas, D.C. dated 07/16/03
 - Alamo HealthCare Systems: Request for Authorization of Reasonable and Necessary Services dated 06/27/03
 - Premier Medical Imaging: MRI of the right knee dated 06/17/03
 - Alamo HealthCare: Patient Follow-up notes dated 06/02/03 through 05/25/05
 - Alamo HealthCare System: Therapy & Progress Notes dated 05/30/03 through 10/01/04
 - Alamo HealthCare; Initial Patient Evaluation dated 05/29/03
- Texas MedClinic: Report dated 05/10/03

The reviewing provider is Boarded in Orthopaedic Surgery and certifies that no known conflict of interest exists between the reviewing Orthopaedic 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 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: _____