

MCMC

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

Date:	09/07/2005
Injured Employee:	
Address:	
MDR #:	M2-05-2074-01
TWCC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review for right C5 selective nerve root block injection.

DECISION: Upheld

IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 09/07/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Uphold denial for right C5 selective nerve root block.

CLINICAL HISTORY:

The injured individual is a 43-year-old female who fell up the stairs on _____. She had a prior cervical fusion which continued to cause her right arm and neck pain. For months after the injury, her physical exam (PE) only showed some limited range of motion (ROM) while her neurological exam and Spurling test were negative. She did not consistently complain of right arm pain for months either. It was not until 01/26/2005 at an orthopedic re-evaluation that the Spurling test was positive for the first time. This same physician had noted it to be negative twice before. She had one cervical selective nerve block with only "some" relief for a short while. Based on all this, repeating the block is not warranted nor is it definitively related to her date of injury.

RATIONALE:

The injured individual is a 43-year-old female who fell going up the stairs on _____. She had a prior cervical fusion in 2003 after a motor vehicle accident (MVA). She complained of right neck and shoulder and head pain for the first few months. Her initial exam at Concentra on 10/05/2004 states she has good cervical range of motion (ROM) and no neurological deficits.

All x-rays were negative and she was sent to physical therapy (PT). The follow up Concentra note dated 11/17/2004 states she was doing somewhat better but she has pain and stiffness in her neck. Again, no right arm complaints or neurological findings. It should be noted the injured individual also has Lupus which has flared up during this time. The initial orthopedic evaluation of 12/01/2004 states she complained of right neck, shoulder, and arm pain which she had intermittently after her surgery but its more constant now. This exam shows mild restriction in ROM with a negative Spurling sign. Her neurological exam was again normal. Her orthopedic follow up on 01/05/2005 was exactly the same except it is noted that she was improving. Again, neurological exam was normal. It was not until 01/26/2005 that her Spurling exam was positive on the right. This was more than 3 months post-injury. She was otherwise still neurologically intact. A CT/myelogram was done in 02/2005 which shows a solid fusion with a bulge at C4/5. An electromyogram (EMG) was done in 12/2004 which showed right carpal tunnel syndrome (CTS). A cervical selective nerve block was done in 03/2005 which gave "some relief" although in 04/2005 it was noted that she requires Vicodin three times a day and her pain is "fairly intense". Repeating the selective nerve block is not warranted for a few reasons. First, the injured individual had no findings until 01/26/2005 to even consider this injection so it is not likely it is work related. The independent medical exam (IME) of 05/2005 agreed with this as he states: "I do not feel the injury sustained would have caused her problems". Secondly, she has only had "some relief" with return of pain less than 3 weeks later. Thirdly, the CT/myelogram shows no sign of nerve root impingement. Finally, she has other underlying comorbidities, namely Lupus and prior surgery which are probably impacting quite a bit on her current pain complaints as she is noted to have had symptoms intermittently after her surgery.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 07/19/05
- MR-117 dated 06/28/05
- TWCC-60
- TWCC: Work Status Report dated 11/17/04, 10/18/04, 10/07/04, 10/05/04
- MCMC: IRO Medical Dispute Resolution Prospective dated 07/25/05, 07/19/05
- Texas Association of School Boards: Letter dated 07/20/05 from Amy Carr, RN
- Charles Miller, MD: Designated Doctor Evaluation dated 05/27/05
- Texas Association of School Boards, Inc.: Letters with attached Pre-Authorization Decision and Rationale from the Utilization Management Department dated 05/16/05, 04/13/05, 03/02/05
- Patient Profile dated 04/28/05, 02/24/05
- KSF Orthopaedic Center: Test and Procedure Routing Form dated 04/28/05, 04/06/05, 02/24/05
- KSF Orthopaedic Center: Chart Document from Shelley Peterson, MS, PA-C dated 04/28/05
- KSF Orthopaedic Center: Registration Summary dated 04/07/05
- KSF Orthopaedic Center: Chart Documents from Thomas Cartwright, MD dated 04/07/05, 02/25/05
- Texas Assoc. of School Board: Health Insurance Claim Form dated 03/12/05
- River Oaks Imaging and Diagnostic: Radiographs dated 02/13/05, 02/11/05

- Gary C. Freeman, MD: Report dated 02/07/05
- Functional Abilities Evaluation: Report from Steven Clark, OTR dated 01/31/05
- KSF Orthopaedic Center: Letters from Dr. Cartwright dated 01/26/05, 01/05/05, 12/01/04
- HealthSouth: Plan of Care from Lorri Simon, PT dated 01/19/05, 12/14/04
- HealthSouth: Re-Evaluations from Lorri Simon dated 01/19/05, 01/05/05
- HealthSouth: Daily Notes from Lorri Simon dated 01/12/05, 01/07/05, 12/29/04, 12/27/04, 12/23/04, 12/22/04, 12/17/04
- Electromyography: EMG/nerve conduction studies dated 12/22/04
- HealthSouth: Initial Evaluation from Lorri Simon dated 12/14/04
- Concentra Medical Centers: Report from Christopher Chiavaroli, PT dated 10/22/04, 10/20/04, 10/07/04
- Concentra Medical Centers: Progress Report from Emily Hsu, MD dated 10/07/04
- Concentra Medical Centers: Report from James Hanson, PT dated 10/06/04
- Concentra Medical Centers: Reports from Arthur Taitel, MD dated 11/17/04, 10/18/04, 10/06/04, 10/05/04
- Workers Compensation: First Report of Injury or Illness dated 10/04/04

The reviewing provider is a **Licensed/Boarded Pain Management/Anesthesiologist** and certifies that no known conflict of interest exists between the reviewing Pain Management/Anesthesiologist and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

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

7th day of September 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____