

# MCMC

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

<b>Date:</b>	<b>10/10/2005</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-05-2177-01</b>
<b>TWCC #:</b>	
<b>MCMC Certification #:</b>	<b>IRO 5294</b>

### REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization request for L5-S1 transforaminal lateral interbody fusion, PSF L5-S1.

### DECISION: Upheld

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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 10/10/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The requested L5/S1 transforaminal lateral fusion and PSF are not medically necessary at this time.

### CLINICAL HISTORY:

This male injured individual was allegedly injured on \_\_\_ when lifting a large flat screen TV. He claimed to have experienced a pain in his low back followed by severe stiffness. He has not worked since the incident. Initially he was treated by the chiropractor with manipulations, modalities and physical therapy (PT).

He saw Dr. Payne who recommended an IDET procedure. He saw Dr. Sazy who recommended an interbody fusion with instrumentation of L5/S1. He had an independent medical exam (IME) type evaluation by Dr. Albrand [NS] at which time he complained of low back pain radiating to the left leg and the bottom of the left foot. His pain was severe and constant and interferes with the sleep at night causing him to sleep in the afternoon. He claims to have numbness and weakness in the leg. He claimed that any movement aggravated his pain. He had a history of right ankle injury as a child that was treated with surgery and a cast that had to be reapplied six times because he was non-compliant.

**RATIONALE:**

The MRI of 02/16/2004 revealed a central disc protrusion at L5/S1 with posterior annular tear and contacted the left S1 nerve root. There was moderate bilateral facet arthrosis throughout the lumbar spine but most prominent at L3/4 and L4/5. The electromyogram (EMG) of 03/03/2004 revealed irritation of the tibial nerve root.

On 03/09/2004 Dr. Kirk diagnosed a lumbar sprain, disc disorder, with radiculopathy, and left sacroiliitis. On 03/26/2004 Dr. Crowell [orth] diagnosed a herniated nucleus pulposus (HNP) at L5/S1 and agreed with the epidural steroid injection (ESI). On 05/06/2004 Dr. Westergaard [pain] recommended a pain program and ESI.

The injured individual received injections in May and June of 2004 and was said to have had some benefit with the ESI. On 08/16/2004 Dr. Deepak Chavda [orth] agreed with the report of the MRI study. On 09/17/2004 Dr. Chavda recommended bilateral sacroiliac (SI) joint injections. On 10/19/2004 Dr. Kirk believed he had not reached maximum medical improvement (MMI) status.

The myelogram/CT scan of 10/21/2004 revealed a bulging disc at L1/2 and thinning of the disc at L5/S1. The CT scan revealed a 0.5mm bulge at L3/4, a 1mm bulge at L4/5 and edema of the left L5 nerve root at L5/S1. On 11/20/2004 Dr. Payne recommended an L5/S1 discectomy and foraminotomy.

Dr. Sazy [orth] evaluated him on 01/13/2005 and recommended a discogram to determine the need for either a fusion or disc replacement. The discogram of 03/29/2005 revealed a 4mm broad based disc protrusion with grade III annular tear at L5/S1. There was only a 2mm bulge with no significant tear at L4/5.

The examination by Dr. Albrand did not reveal any evidence of nerve root tension or compression. His impression was that the patient had low back pain and intermittent left leg pain without any objective clinical findings commensurate with his complaints. The myelogram/CT scan findings and even the initial MRI study failed to substantiate the need for either a fusion or a disc replacement.

The submitted documentation does not provide the actual discogram report. He was supposed to have more pain on the left side at L5/S1 level. There is no documentation of the details of the discogram study and the architecture of the disc at the lower lumbar levels. The submitted information does not substantiate the need for any intervention for the following reasons: A discectomy would not be indicated as he has no objective clinical and imaging findings commensurate with nerve root compression and neurological changes.

An arthrodesis is also not indicated based on the MRI findings of facet arthrosis in the entire lumbar spine worse at L3/4 and L4/5.

An artificial disc would be contraindicative because of the multilevel degenerative arthritic changes.

**RECORDS REVIEWED:**

- TWCC Notification of IRO Assignment dated 08/11/05
- MR-117 dated 07/12/05
- TWCC-60
- MCMC: IRO Medical Dispute Resolution (M2) Prospective letter dated 09/16/05
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization letter dated 08/11/05
- St. Paul Travelers: Letter dated 08/08/05 from Kristi Davis, Medical Bill Repricing Unit
- MES Solutions: Independent Medical Evaluation dated 07/06/05 from Otmar Albrand, MD
- St. Paul Travelers: Letters dated 06/22/05, 05/11/05 from Kristin Stiehl, Medical Case Manager
- John A. Sazy, MD: Handwritten Return Patient Visit note dated 04/28/05
- Central Imaging: History and Physical dated 03/29/05 from Phyllis Frostenson, MD
- Central Imaging: Lumbar discogram dated 03/29/05, CT lumbar spine dated 03/29/05
- John A. Sazy, MD: Report dated 01/13/05
- Advanced Imaging: Lumbar myelogram dated 10/21/04, Post Myelography CT of the lumbar spine dated 10/21/04
- Texas Bone & Joint Center: Lumbar spine, pelvis radiographs dated 08/16/04
- Therapeutic Procedures Charts dated 08/02/04 through 10/13/04

The reviewing provider is a **Licensed/Boarded Orthopedic Surgeon** and certifies that no known conflict of interest exists between the reviewing Orthopedic Surgeon 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 Appeal**

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

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**

**10<sup>th</sup> day of October 2005.**

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

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