

MCMC

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

Date:	10/03/2005
Injured Employee:	
Address:	
MDR #:	M2-05-2252-01
TWCC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization request for series of two lumbar epidurals with fluoroscopy and 4-6 trigger point injections.

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 10/03/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The lumbar epidural steroid injections (ESI) under fluoroscopy and 4 to 6 trigger point injections are not medically necessary.

CLINICAL HISTORY:

This 48-year-old male was allegedly injured on ___ when he was loading some doors on a truck. He developed back pain that has persisted at the time of his visit on 02/13/2005.

On examination he had some tenderness over the lumbar spine and limited motion. He had no other findings yet was treated with a steroid dose pak, Skelaxin, back exercises and kept on limited duty.

RATIONALE:

On 02/18/2005 the injured individual claimed to be better with 6/10 pain, 10 being normal. He had a normal range of motion (ROM). On 03/01/2005 he was to increase activities at work, take Tylenol and ice as needed, continue with exercises. He had no objective clinical findings of organic disease. On 03/15/2005 he was to resume regular duty and was released from care on 03/22/2005. The injured individual was given a 0% PPI rating by Dr. Abrego.

On 04/28/2005 the injured individual complained of recurrent low back pain (LBP). He was said to be "tender to heel/toe standing". It is not clear what kind of test this represented. He was "tender to SLR to low back". Again this description of the straight leg raise (SLR) test is not standard. He had no objective clinical findings of nerve root tension or compression. Despite the absence of any objective clinical findings commensurate with an organic disease an MRI was ordered. There was no change in complaints of the type of physical examination that was documented on 05/31/2005.

The MRI of 06/01/2005 revealed disc degeneration and diffuse disc bulge at L4/5 and L5/S1 with mild bilateral foraminal stenosis, mild canal stenosis at L4/5 and mild lateral recess stenosis at L5/S1 level.

Dr. Carrasco, Pain Management, evaluated the injured individual on 06/10/2005 for complaints of pain in his low back and right upper gluteal region. On examination the only finding was pain with lateral bending to either side. SLR test were negative at 40 degrees. He was said to have trigger point pain over the supraspinatus, quadratus lumborum, gluteus maximus and medius, and the supraspinous ligament at L4/5.

Based on the essentially normal clinical examination and the age-related changes on the MRI study, Dr. Carrasco recommended two intraspinal injections under fluoroscopy and trigger point injections to be done two weeks apart.

The injured individual has no clinical symptoms or objective clinical findings of radiculopathy. There is no evidence of nerve root compression on the imaging studies. In fact, Dr. Carrasco stated that the SLR test was negative. The initial evaluation by Dr. Abrego also demonstrated an absence of any objective clinical findings of organic disease. He was treated excessively with steroids and the MRI study was never substantiated by the clinical data. Trigger point pain depends on the force of the examining finger and the patient's threshold for pain. There is no medical necessity for any of the requested treatments. None of the treatments the injured individual has had were substantiated with the clinical findings.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 08/09/05
- TWCC MR-117 dated 07/11/05
- TWCC-60
- Harris & Harris, Attorneys At Law: Letter dated 08/18/05 from Robert Josey
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 08/09/05
- Bunch & Associates, Inc: Letter dated 06/29/05
- Elite Physicians Ltd: Letter dated 06/28/05 from Lisa Gill, DO
- Bunch & Associates, Inc: Letter dated 06/16/05 from Bernice Hughes, Nurse Case Manager
- Carrasco Pain Institute: Letters dated 06/10/05, 06/21/05 from A. T. Carrasco, MD
- Radiology Associates: MRI lumbar spine dated 06/01/05

- Texas MedClinic: Encounter Notes dated 05/31/05, 04/28/05, 03/22/05, 03/15/05, 03/01/05, 02/16/05, 02/13/05
- Texas MedClinic: MMI and Impairment Rating Evaluation dated 03/22/05 from Victor Abrego , MD
- Texas MedClinic: Handwritten statements dated 03/22/05 and 02/13/05
- Texas MedClinic: Physical Therapy Progress Report dated 02/22/05
- Carrasco Pain Institute: Undated Preauthorization Request

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 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

3rd day of October 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____