

MCMC

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

Date:	11/14/2005
Injured Employee:	
Address:	
MDR #:	M2-05-2255-01
TDI #:	
MCMC Certification #:	TDI IRO 5294

REQUESTED SERVICES:

Please review request for lumbar diskogram/CT scan L3-4, L4-5, L5-S1 and L2-3 as control.

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 11/14/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Uphold denial of the lumbar diskogram/CT scan L3-4, L4-5, L5-S1 and L2-3 as control.

CLINICAL HISTORY:

The injured individual is a 43 year old female with low back and leg pain. The injured individual has MRI and clinical evidence of facet dysfunction but has not had any facet injections. She has a normal neuro exam and it is not clear why she is a surgical candidate at this point. Therefore, the discogram is not medically necessary as other, less invasive treatment alternatives have not been tried.

References:

1. ACOEM guidelines 2004 pg 303-305. Reference #1 states: "Recent studies on discography do not support its use as a preoperative indication for either IDET or fusion."
2. Neurosurg Focus 2002 Aug;13(2):E12 Guidelines for the use of discography for the diagnosis of painful degenerative lumbar disc disease. Resnick DK. Ref #2 states: "Recently, its usefulness has been questioned because of the occurrence of false-positive results as well as the influence of psychological factors on test results."
3. Reg Anesth Pain Med 2005 Mar-Apr;30(2):163083 Lumbar discography: a comprehensive review of outcome studies, diagnostic accuracy, and principles. Cohen SP. Ref #3 states:

“Although discography, especially combined with CT scanning, may be more accurate than other radiologic studies in detecting degenerative disc disease, its ability to improve surgical outcomes has yet to be proven.”

4. Spine J 2005 Jan-Feb;5(1):24-35 Discographic, MRI and psychosocial determinants of low back pain disability and remission: a prospective study in subjects with benign persistent back pain.

Carragee EJ. This reference states: “A positive provocative discogram at baseline did not predict any future adverse event.”

RATIONALE:

The injured individual is a 43 year old female with date of injury _____. The injured individual has low back and left leg pain. The discogram was denied previously as it was considered investigational and the MRI showed minimal deficits. Her EMG is negative as well. She had two epidural steroid injections (ESIs) without relief. Her physical exam (PE) is neurologically normal and surgery is not mentioned. A diagnostic discogram is not required as the injured individual has not yet tried facet injections which appear clinically reasonable; surgery is not discussed; and the discogram itself remains controversial as far as its efficacy.

RECORDS REVIEWED:

- DWC Notification of IRO Assignment dated 08/18/05
- MR-117 dated 08/18/05
- DWC-60
- DWC-69 Report of Medical Evaluation
- MCMC: IRO Medical Dispute Resolution Prospective dated 10/21/05
- Flahive, Ogden & Latson: Letter dated 09/27/05 from S. Rhett Robinson
- Flahive, Ogden & Latson: Letter dated 08/15/05 from Gregory Solcher
- Churchill Evaluation Centers: Report of Medical Evaluation dated 08/10/05 from Phoebus Koutras, M.D.
- Concentra: Letters dated 06/24/05, 06/10/05
- Dallas Spine Care: Chart Note dated 06/01/05 from Robert Henderson, M.D.
- North Dallas Advanced Diagnostics: Electrodiagnostic Study dated 05/17/05
- Dallas Spine Care: Initial Chart Note dated 04/18/05 from Robert Henderson, M.D.
- Texas Imaging & Diagnostic Center: MRI lumbar spine dated 02/16/05

The independent review organization shall certify that each physician or other health care provider who reviews the decision certifies no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any treating doctors or insurance carrier health care providers who reviewed the case for the decision before referral to the independent review organization. The reviewing physician is on TDI'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 Division
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 Division 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

14th day of November 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____