

# MCMC

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

<b>Date:</b>	<b>10/17/2005</b> <b>Corrected Copy 10/18/2005</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-05-2297-01</b>
<b>DWC #:</b>	
<b>MCMC Certification #:</b>	<b>IRO 5294</b>

### **REQUESTED SERVICES:**

Please review the item(s) in dispute: Pre-authorization denied for lumbar myelogram/CT Scan.

### **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 10/17/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Recommend lumbar myelogram/CT scan as not medically necessary.

### **CLINICAL HISTORY:**

The injured individual is a 62 year old male with date of injury \_\_\_\_\_. The injured individual had a flare up of his pain in the past which resolved. He has been complaining of increasing back and right leg pain for a few months without the benefit of physical therapy (PT), injections, or medication changes. The attending physician is asking for a new CT/myelogram as the last was done a few years before and the injured individual has slightly more sensitive straight leg raise (SLR). However, all other neurological findings are stable and unchanged. Based on that and the lack of conservative treatment first, the study is denied.

### **REFERENCE:**

Bonica JJ ed. The Management of Pain. Third Edition, Copyright 2000.

### **RATIONALE:**

The injured individual is a 62 year old male with date of injury \_\_\_\_\_ and prior lumbar surgery in 1987 with subsequent lumbar surgery in 1994. After surgery, he had positive straight leg raise

(SLR) bilateral at 55 degrees on the left, 60 degrees on the right. He was seen for an independent medical exam (IME) in 07/2004 and noted to have had prior flare ups of his back pain which resolved. The IME felt he would need sporadic follow ups for his chronic failed back. His attending physician is stating that the injured individual is having increased pain in the right leg with SLR 40 degrees on the right and 50 degrees on the left and x-rays showing a solid fusion. He admits there are no sensory or reflex changes. He is requesting a CT/Myelogram due to metal artifact in the fusion. The injured individual has not had any conservative care, which is why this test was denied previously. He also has no new symptoms, just some increasing pain with his SLR at a slightly lower degree. There is no justification for CT/myelogram at this time.

**RECORDS REVIEWED:**

- DWC/TWCC Notification of IRO Assignment dated 09/29/05
- DWC/TWCC-60
- DWC/TWCC-73 Work Status Report dated 08/01/05
- MCMC: IRO Medical Dispute Resolution (M2) Prospective dated 09/27/05
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 08/30/05
- MR-117 dated 08/29/05
- Esis: Letter dated 09/19/05 from Linda Moeller, Claims Representative
- Bone & Joint Clinic of Houston: Chart Document dated 09/09/05 from Walter Sassard, M.D.
- Intracorp: Letter dated 06/14/05
- Bone & Joint Clinic: Letter dated 06/08/05 from Walter Sassard, M.D.
- Intracorp: Facsimile Transmission Cover Sheet note dated 05/26/05
- Walter R. Sassard, M.D.: Clinic Notes dated 05/17/05, 01/25/05
- Southeast Texas Rehabilitation Network: Physical Therapy Discharge Summary dated 12/21/94 from Yvonne Stevens, P.T.
- St. Luke's Episcopal Hospital: Discharge Summary dated 08/13/94 from Dr. Sassard
- St. Luke's Episcopal Hospital: Lumbosacral spine radiographs dated 08/11/94
- St. Luke's Episcopal Hospital: Lumbar spine radiographs dated 08/09/04
- St. Luke's Episcopal Hospital: Report of Operation dated 08/09/04 from Dr. Sassard
- Surgical Pathology Consultation: Lab reports dated 08/09/04, 02/27/87
- Biomedical Lab: Lab report dated 07/31/94
- St. Luke's Episcopal Hospital: Letter dated 07/29/94 from Jose Cheng, M.D.
- Cheng, Posey & Associates: Urinalysis report dated 07/29/94
- Cheng, Posey & Associates: ENG report dated 07/29/94
- James E. Grossman, M.D.: Letter dated 07/27/04
- Outpatient Diagnostic Center: MRI lumbar spine, AP and lateral lumbar spine dated 06/20/94
- Medcenter Imaging: MRI lumbar spine dated 11/11/92
- St. Luke's Episcopal Hospital: Discharge Summary dated 03/07/87 from Dr. Sassard
- St. Luke's Episcopal Hospital: Report of Operation dated 02/27/87 from Dr. Sassard
- St. Luke's Episcopal Hospital: Lumbosacral spine radiographs, lumbar myelogram, chest radiographs dated 02/26/87

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 DWC'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  
T. D. I. Division of Texas Workers' Compensation  
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**

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

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

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