MCMC

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

Date:	**10/21/2005**
Injured Employee:	
Address:	
MDR #:	**M2-05-2349-01**
DWC #:	
MCMC Certification #:	**IRO 5294**

REQUESTED SERVICES:
Please review the pre-authorization denied for left L5 and S1 transforaminal nerve root steroid injection.

DECISION: Reversed

IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance Division of Workers' Compensation 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 10/21/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Recommend the left L5 and S1 transforaminal nerve root steroid injection as medically necessary.

CLINICAL HISTORY:
The injured individual is a 46 year old male with date of injury ___ which involved low back, right leg, then left leg pain worse than right. This transition occurred around 04/2005. His MRI and electromyogram (EMG) support a diagnosis of left sided radiculopathy although it is theoretical that both sides would be affected by leakage of disc material. His epidurogram of 06/02/2005, which is probably the most definitive of all tests done thus far, showed no flow of dye along the left L5 or S1 root. He has clinical correlation of left leg straight leg raise (SLR), pain in the left leg, and decreased sensation along the left L5 and S1 dermatomes. Although the prior caudal helped back and bilateral leg pain, due to the predominance of left leg symptoms now and with the support of the epidurogram, the attending physician is requesting a left L5 and S1 nerve block or transforaminal epidural (TFE) which is reasonable.

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

RATIONALE:
The injured individual is a 46 year old male with date of injury ___. The injured individual fell off a ladder and initially complained of low back and right leg pain which became bilateral leg pain over the next few months. His MRI showed a left L5/S1 herniated nucleus pulposus (HNP) and an electromyogram (EMG) showed a left S1 radiculopathy. Based on his bilateral leg pain despite medications and months of physical therapy (PT), the injured individual had a caudal epidural steroid injection (ESI) on 06/02/2005 which was recommended by his neurosurgeon, pain physician, and independent medical exam (IME). The epidurogram showed no flow of dye along the left L5 or S1 nerve roots but good flow on the right side. This helped for about a month and when the injured individual was seen back over a month later, he complained of left sided leg pain at a less intense rating but no right sided pain. The attending physician found positive straight leg raise (SLR) on the left (it had been bilateral before) and sensory deficits along the left L5 and S1 dermatomes. Based on the response to the caudal, the MRI, the epidurogram, the EMG, and the current findings, he is recommending a left sided transforaminal ESI at L5 and S1 as he feels both these nerve roots are affected. Based on the presented clinicals, this is reasonable.

RECORDS REVIEWED:
- DWC/TWCC Notification of IRO Assignment dated 09/19/05
- MR-117 dated 09/16/05
- DWC/TWCC EES-14 dated 04/01/05
- DWC/TWCC-60
- DWC/TWCC-66 Statement for Pharmacy Services dated 05/27/05, 01/09/05, 12/21/04, 08/24/04
- DWC/TWCC-69 Report of Medical Evaluation dated 07/15/05
- DWC/TWCC-51 Employee's Election for Commuted Impairment Income Benefits dated 07/20/05
- DWC/TWCC-47 Employee's Request for Payment of Advance Compensation dated 06/13/05, 03/10/05, 01/28/05
- DWC/TWCC-73 Work Status Reports dated 07/20/05, 06/17/05, 05/12/05, 03/16/05, 01/19/05, 12/15/04
- DWC/TWCC-32 dated 03/24/05
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 09/20/05
- Report of Job Injury or Illness dated 09/01/05
- Houston Pain Consultants: Follow-up Evaluations dated 08/17/05, 07/20/05 from Arun Lall, M.D.
- Crawford & Company: Letters dated 08/09/05, 07/26/05 from Alison McKean, RN Reviewer
- Crawford: Closure Report dated 07/26/05 from Tammy Holder, RN, Medical Case Manager
- Janet Williford: Letter dated 07/21/05
- Notification of Suspension of Indemnity Benefit Payment dated 07/21/05, 06/13/05
- Notification of Maximum Medical Improvement/First Impairment Income Benefit Payment dated 07/21/05

- Fax Transmittal Slip note dated 07/20/05 from Janet Williford
- Spinecare and Rehabilitation: Report of Medical Evaluation dated 07/12/05 from Thanh Tran, D.C.
- Crawford: Acknowledgement of Assignment dated 07/06/05 from Sonya Gillingham, Branch Manager
- Request for Taxpayer Identification Number and Certification dated 07/05/05
- Injury & Rehab Center–Sugarland: Form letters dated 07/05/05, 06/30/05, 06/28/05, 05/16/05, 04/27/05, 04/05/05, 03/25/05, 03/23/05, 03/11/05, 03/07/05 from Collection Department
- Memos to Janet Williford and Kathy Robau dated 06/20/05 from Sarah Burmeister
- Notification of Change in Amount of Indemnity Benefit Payment dated 06/16/05
- Request for Travel Reimbursement dated 06/16/05
- DWC/TWCC: Letter dated 06/15/05 from Victoria Field Office
- DWC/TWCC: Letters dated 06/14/05, 03/14/05 from Yvonne Freeman, Official Actions Officer
- Injury & Rehab Center-Downtown: Update Assessment/Physical Examination dated 06/13/05, 03/16/05 from Dai Nguyen, D.C.
- Memos from Janet Williford dated 06/13/05, 05/24/05, 05/13/05, 05/04/05, 04/14/05, 12/27/04
- Crawford: Letter dated 06/13/05 from Crawford & Co. UR Dept.
- Worker's Compensation/Occupational Injury Insurance Verification Form dated 06/02/05
- River Oaks Surgical Center: Discharge Instructions dated 06/02/05
- River Oaks Surgical Center: Operative Report dated 06/02/05 from Arun Lall, M.D.
- Houston Pain Consultants: Report dated 06/02/05 from Arun Lall, M.D.
- River Oaks Surgical Center: Intraoperative Record dated 06/02/05
- River Oaks Surgical Center: Post Anesthesia Care Unit Report dated 06/02/05
- River Oaks Surgical Center: Anesthesia Record dated 06/02/05
- River Oaks Surgical Center: Operative Report dated 06/02/05 from Arun Lall, M.D.
- Methodist Charlton Medical: Statement dated 05/26/05
- Walgreens: Check dated 05/25/05 payable to Crawford & Company for $35.39
- First Health: Notification of Review Outcome dated 05/24/05
- Memo to Janet Williford dated 05/24/05 with 05/23/05 response to Kathy Robau
- Paul J. Parkey, M.D.: Progress Note dated 05/20/05
- Paul J. Parkey, M.D.: Handwritten office visit note dated 05/12/05
- Methodist Charlton Medical Center: Statement for expenses incurred 05/09/05, through 05/13/05
- Methodist Health System: L4-5 Redo Hemi Laminectomy Discectomy dated 05/09/05
- Injury and Rehab Center: Statement of Medical Necessity dated 05/02/05 from Dai Nguyen, D.C.
- Charles F. Miller, M.D.: Designated Doctor Evaluation dated 05/02/05
- Crawford: Letter dated 04/26/05 from Denese Stanley, LPN, Reviewer
- Injury & Rehab Center: Progress Notes dated 04/18/05, 05/02/05, 05/16/05, 05/26/05 from Frank Sifuentes, M.D.

- Injury & Rehab Center-Downtown: Handwritten Outpatient Progress Notes dated 04/18/05, 03/25/05
- Houston Pain Consultants: Pre-Authorization Request Form dated 04/14/05 from Arun Lall, M.D.
- Houston Pain Consultants: Initial Evaluation dated 04/12/05 from Arun Lall, M.D.
- Outpatient Progress Note: Physician Note (handwritten) dated 04/04/05
- Crawford: Letters dated 03/25/05, 02/04/05 from Norma Huff, LPN
- Memos to Kathy Robau, Janet Williford and Sarah Burmeister dated 03/24/05
- Pain Management Follow-up Office Visit dated 03/14/05, 02/28/05 from Judy Dai, M.D.
- Crawford: Billing Documents dated 02/25/05, 03/23/05, 04/22/05, 05/27/05, 06/30/05, 07/27/05, 01/31/05, 12/30/04
- Crawford: Reports dated 02/24/05, 03/22/05, 04/21/05, , 05/25/05, 06/29/05 from Kathryn Robau, RN, Medical Case Manager
- Memo to S. Burmeister dated 02/16/05 from Perry Bentley
- Memos from Sarah Burmeister dated 02/09/05, 12/30/04
- Crawford: Letter dated 01/28/05 from Kathryn Robau, RN, Medical Case Manager
- Injury & Rehab Center-Downtown: Outpatient Progress Notes (handwritten) dated 01/26/05 through 06/29/05
- Injury & Rehab Center-Downtown: Active Rehabilitation Sheets dated 01/26/05 through 06/29/05
- Injury & Rehab Centers: Referral Slip dated 01/26/05
- A.C.E.: Letter dated 01/20/05 from Sharon Fountain, Case Manager
- Memo from Jane Gries to Janet Williford dated 01/20/05
- Injury & Rehab Center-Downtown: Review Medical Record dated 01/09/05 from Dai Nguyen, D.C.
- Universal Southwest Open MRI & Diagnostics: MRI lumbar spine dated 01/06/05
- Crawford: Acknowledgement of Assignment dated 12/30/04 from Susan Whitlatch, Branch Manager
- EMSI: Handwritten report dated 12/29/04
- Crawford: Letter dated 12/28/04 from Janet Gries, RN, Medical Case Manager
- Crawford: Recorded Statement Summary dated 12/27/04
- Crawford: Service Request dated 12/27/04
- Pain Management History and Physical dated 12/20/04 from Judy Dai, M.D.
- Methodist Medical Center: Supplies Usage Report dated 12/19/04
- Worker's Compensation First Report of Injury or Illness dated 12/17/04, 12/27/04
- Payment of Compensation or Notice of Refused/Disputed Claim dated 12/17/04
- Injury & Rehab-Downtown: Report dated 12/15/04 from Dai Nguyen, D.C.
- Memo from Emmy Polland dated 12/15/04
- Health Insurance Claim Forms dated 12/15/04 through 08/23/05
- Concerta Medical Centers: Doctor's First Report dated 12/06/04
- Applied Underwriters/Applied Risk Services report dated 12/06/04
- Concerta Medical Centers: Physician Activity Status Report dated 12/06/04
- Recorded Statements (handwritten) dated 12/06/04

- Employers First Report of Injury or Illness dated 12/06/04
- Applied Risk Services: Workers Compensation Injury Report dated 12/06/04
- Club Quarters Incident Report dated 12/06/04
- EMSI: Letter dated 11/26/04 from Mario Garcia, President & CEO
- Walgreens: Undated letter from June Jenkins, Negative Claims Specialist
- List of checks issued to ___
- The State of Texas: Undated Employer's Wage Statement

The reviewing provider is a Licensed/Boarded Pain Management/Anesthesiologist and certifies that no known conflict of interest exists between the reviewing Licensed/Boarded 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 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 TDI/DWC 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 TDI/DWC 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 Department of Insurance Division of 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

21st day of October 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee:_____