

# MCMC

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

<b>Date:</b>	<b>09/20/2006</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-06-1908-01</b>
<b>DWC #:</b>	
<b>MCMC Certification #:</b>	<b>IRO 5294</b>

### REQUESTED SERVICES:

Please review for the item(s) in dispute: Preauthorization denied for removal of paralumbar subcutaneous spinal fusion stimulator battery under local anesthetic and temporary spinal cord stimulator (SCS) trial.

### DECISION: Upheld

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IRO MCMCllc (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 09/20/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

There is no indication for removal of the spinal fusion stimulator or for the placement of a temporary SCS trial.

### CLINICAL HISTORY:

The injured individual is a 49 year old male with a date of injury 08/1993 and history of three back surgeries including a L4-S1 laminectomy then fusion all prior to this date of injury. The injured individual complained of right leg numbness after his date of injury. A new MRI showed no new herniated nucleus propulsus (HNP). A new CT/myelogram showed an extradural defect at L4/5 with nerve root compromise. He had a Functional Capacity Exam (FCE) in 1994 showing no symptom magnification and light duty capacity. An electromyogram (EMG) was requested. It led to a new fusion in 1999. He continued to complain of pain a year later but x-rays showed a solid fusion. He went on to have lumbar epidural steroid injections (ESIs) which failed and more surgery was suggested. This was done in 06/2005 and he had a spinal fusion stimulator placed. X-rays six months later showed excellent progression of the fusion. However, his symptoms continued so he had another ESI without relief and then another

CT/myelogram was ordered but the results are not available. The review now centers on removal of the spinal fusion stimulator and placement of a SCS trial.

**REFERENCE:**

Bonica's Management of Pain. Third Edition. Copyright 2000.

**RATIONALE:**

The injured individual is a 49-year-old male who had multiple back surgeries before his Workers Compensation injury and more after. He had failed injection therapy multiple times as well. He had a solid fusion per x-ray reports. There is no indication his fusion stimulator was causing him any pain or problem or malfunctioning so there is no indication why it should be removed. There is no psychological clearance to warrant consideration of a SCS trial either as that is strongly recommended in the WC population prior to the trial of any implantable device.

**DATES RECORDS RECEIVED:**

09/06/2006

**RECORDS REVIEWED:**

- Notification of IRO Assignment dated 08/25/06
- MR-117 dated 08/25/06
- DWC-60
- DWC-64: Specific and Subsequent Medical Reports dated 08/14/00, 02/28/00, 12/07/98, 03/23/95, 08/03/94, 06/23/94, 02/23/94
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 08/29/06
- MCMC: Statement dated 08/30/06
- Beverly L. Vaughn, Attorney-At-Law: Letters dated 09/05/06, 09/01/06
- Ronald Buczek, D.O.: Letter dated 07/18/06
- Jessica Crews, LPN, Utilization Review Nurse: Letter dated 06/19/06
- Shannon West Texas Memorial Hospital: Operative Reports from Robert LeGrand, M.D. dated 03/07/06, 02/28/06, 06/28/05, 02/15/05, 02/09/99, 05/20/94
- Physician's Orders Myelogram dated 02/28/06
- Shannon West Texas Memorial Hospital: CT lumbar myelogram dated 02/28/06, lumbar myelogram dated 02/28/06, spine lumbosacral radiographs dated 02/15/06
- Shannon West Texas Memorial Hospital: Spine Lumbosacral radiograph dated 12/22/05, spine lumbosacral radiographs dated 09/29/05, lumbosacral spine radiographs dated 07/25/05, lumbar spine radiographs dated 06/28/05, Flouro C-Arm radiograph dated 05/25/05, lumbar discography dated 05/25/05, CT lumbar spine dated 05/25/05, CT lumbar myelogram dated 02/15/05, lumbar myelogram dated 02/15/05, MRI lumbar spine dated 01/24/05
- Shannon West Texas Memorial Hospital: Discharge Summary dated 06/30/05 from Robert LeGrand, M.D.

- Shannon West Texas Memorial Hospital: History and Physical Examination for 06/28/05 admission from Robert LeGrand, M.D.
- Handwritten Pre-Op sheet dated 05/25/05
- Home Instructions dated 11/23/04
- Shannon Medical Center: Pain Clinic Treatment Plan dated 11/23/04
- Shannon Medical Center: Pain Clinic Record dated 11/23/04
- Shannon Medical Center: Pain Clinic Nursing Assessment dated 11/23/04
- Shannon Medical Center: Emergency Department Physician Orders dated 11/05/04
- Adult Admission Assessment dated 11/05/04
- Progress Notes (handwritten) dated 11/05/04
- Handwritten sheets with Level 1,2,3 Documentation (two sheets) dated 11/05/04
- Shannon Medical Center: Patient information sheet (typed) with COM Dates of 11/05/04 to 11/06/04
- Shannon Medical Center: ER Discharge Instructions dated 11/05/04
- Patient information sheet dated 11/05/04
- Occupational Fitness and Rehabilitation Program: Comprehensive medical evaluation dated 12/14/99 from William Pollan, D.O.
- Robert H. LeGrand, Jr.: Letters dated 03/04/99, 12/01/94, 09/13/93
- Shannon West Texas Memorial Hospital: Operative Report dated 02/09/99 from Larry Bragg, M.D.
- Wright Chiropractic: Review of Diagnostic Imaging dated 05/30/95 (for MRI lumbar spine, AP-lateral thoracolumbar study, lumbar spine series AP, lateral and oblique)
- Walter X Loyola, M.D.: History and Physical dated 09/08/94
- Shannon West Texas Memorial Hospital: Lumbar myelogram dated 05/20/94, Orbits-one view dated 11/30/99, AP and lateral lumbar spine dated 02/28/00, lumbar spine radiograph dated 08/24/00, lumbar spine radiographs dated 05/16/02, orbits two views dated 06/04/02, lumbar spine radiographs dated 11/05/04
- Occupational Fitness and Rehabilitation Program: Independent medical evaluation dated 04/26/94 from William Pollan, D.O.
- Occupational Fitness and Rehabilitation Program: Report dated 04/14/94 from Randy Williams, P.T.
- San Angelo Neurosurgical Association: Office notes dated 09/27/93 through 03/1/06 from R.H. LeGrand, Jr., M.D.
- Undated Carrier's Position Statement

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 the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision 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  
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**

**\_\_20<sup>th</sup>\_\_ day of \_\_\_\_\_September\_\_\_\_\_ 2006.**

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

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

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