# MCMC

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

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| **Date:** | **10/26/2005** |
| **Injured Employee:** | |
| **Address:** | |
| | |
| **MDR #:** | **M2-06-0025-01** |
| **DWC #:** | |
| **MCMC Certification #:** | **IRO 5294** |

**REQUESTED SERVICES:**
Please review the item(s) in dispute:

1. Open ALIF at L5-S1,

2. Charite at L4-5.

**DECISION: Upheld**

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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 10/26/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

1. The open ALIF at L5-S1 is not medically necessary.
2. The Charite artificial disc replacement at L4-5 is not medically necessary.

**CLINICAL HISTORY:**
This 41-year-old male had a history of LBP for the past 16 years. He had apparently undergone surgery in 1995 for a herniated disc at L5/S1. He allegedly injured himself while at work in ___. He had complained of pain in his low back, buttock and thigh more on the left side. The pain was presenting whether he was walking or lying down. An MRI dated 8/3/2004 revealed a widely patent canal and some fibrosis on the left side at L4/5. The MEG of 9/20/2004 apparently revealed chronic left L5 radiculopathy. A second MRI on 9/23/2004 revealed completely different findings from those noted on 8/3/2004. The September study revealed "L4/5 to be normal". The L5/S1 level showed evidence of prior surgery, a focal small left disc herniation that did not produce any nerve root compression. The report stated that the herniation "may contact the left S1 root".

The injured individual also had a myelogram on the same day as the MRI of 9/23/2004. There was a disc bulge at L4/5, mild effacement of the left S1 nerve root sleeve, and slight anterior impression on the left side of the thecal sac. These findings suggested a small herniated disc at L5/S1.

The post myelogram/CT scan revealed mild ligamentum hypertrophy at L4/5 with a mild disc bulge. There was sacralization on the left side and lumborization on the right side at the L5/S1 level. The same small herniated disc at L5/S1 was also visualized on the CT scan. In addition there was extravasation of contrast on the left side at L3/4.

Reference:
The Orthopaedic Forum: Scott D. Biden, Richard A. Baldersston, John G. Hellar, Edward N. Hanley Jr., and Jack E Ziegler. An AOA Critical Issue. Disc Replacements: This Time Will We Really Cure Low-Back and Neck Pain? J. Bone Joint Surg. Am. Feb 2004: 86: 411-422.

**RATIONALE:**
The injured individual was evaluated by Dr. Bradley on 2/3/2005 for the same symptoms as before. He had been treated extensively with physical therapy (PT), medications, injections and chiro care. He allegedly could not walk more than one block. He was taking Effexor, Trazodone, Morphine, Flexeril and Baclofen. Dr. Bradley noted that the level of surgery sighted in the imaging report varied from study to study. It was sighted as L4/5 in some reports and L5/S1 in other reports. The injured individual is 5’8” tall and weighs 215 pounds. Dr. Bradley gave a different interpretation of the MRI findings and believes that the injured individual had a “degenerative 4-5 disc with annular tear collapse and inflammatory response within the motion segment”.

A discogram was ordered and performed on 6/6/2005. There was no pain at L3/4 and L5/S1. He had 9/10 pain that was dull and aching in his low back. The pain became sharp and stabbing in his right hip. The neucleogram was irregular at L3/4 and L4/5 and it was fissured at L5/S1.

The post discogram CT scan revealed grade I changes in the annulus at L3/4; grade IV to Grade V changes with a tear at L4/5; and at Grade V tear at L5/S1 with an extravasation of contrast into the lateral recess and inferiorly behind the S1 level.

On 6/30/2005 Dr. Bradley noted that the L4/5 level showed a “plump” disc with grade IV to V annular tear to the right with severe concordant back and buttock pain. It also reproduced his leg pain. The L3/4 was said to be negative. The L5/S1 discs were said to be severely degenerated with contrast material “shooting out into the foreman canal on the left on the concordant disc of the injured individual’s leg symptoms”.
The interpretation of the MRI, myelogram/CT scan, and discogram/CT scan, are not commensurate with the actual reports of these studies. Furthermore the discogram showed that L5/S1 was painless. Therefore the requested procedures would be inappropriate and not warranted. In addition since the disc at L4/5 was said to be a “plump disc” it would not warrant replacement with an artificial disc.

The injured individual is obese and the subjective complaints are not commensurate with the imaging findings. Performing numerous imaging studies with the injection of contrast is not warranted when the initial two MRI studies done in a six month period fail to reveal any pathology that would warrant intervention. The injured individual symptoms did not warrant the numerous studies and treatment provided. The clinical data failed to substantiate the need for the requested procedures.

**RECORDS REVIEWED:**

- DWC Notification of IRO Assignment dated 09/21/05
- MR-117 dated 09/21/05
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 10/05/05
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 09/22/05
- The Hartford: Review Determination dated 08/19/05 from Robert Simpson, M.D.
- Texas Back Institute: Appeal Letter dated 08/11/05 from William Bradley, M.D.
- The Hartford: Review Determination dated 07/25/05 from John Yatau, M.D.
- Texas Back Institute: Follow-up Progress Note dated 06/30/05 from William Bradley, M.D.
- Spine Team Texas: Lumbar Provocation Discography dated 06/06/05 from Ryan Reeves, M.D.
- Harris Methodist Southlake Center: Radiology Report, CT lumbar spine, dated 06/06/05
- Texas Back Institute: History and Physical dated 02/03/05 from William Bradley, M.D.
- Texas Back Institute: Radiology Review dated 02/03/05 from William Bradley, M.D.
- Baylor Medical Center at Irving: Radiology Imaging Reports, MRI lumbar spine, CT lumbar spine, lumbar myelogram dated 09/23/04
- Mid-Cities Neurology Associates: Consultation and EMG dated 09/20/04 from Scott Hall, M.D.
- Healthsouth: MRI lumbar spine dated 08/03/04
- Texas Back Institute Preauthorization Request Form (undated)

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 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**

**26th day of October 2005.**

**Signature of IRO Employee: _____**

**Printed Name of IRO Employee:_____**