

MCMC

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

Date:	11/14/05
Injured Employee:	
Address:	
MDR #:	M2-06-0061-01
TDI #:	
MCMC Certification #:	TDI IRO 5294

REQUESTED SERVICES:

Please review the request for 2-3 day inpatient stay for posterior spine fusion with discectomy L4-S1 with instrumentation and graft.

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:

The request for 2-3 day inpatient stay for posterior spine fusion with discectomy L4-S1 with instrumentation and graft is not medically necessary.

CLINICAL HISTORY:

The injured individual is a 60 year old male with date of injury two (2) years ago and a history of a prior L4/5 laminectomy. His work up is very conflicting with a discogram of 3/2004 showing concordant pain and a herniated nucleus propulsus (HNP) at L3/4 but a discogram of 9/2004 showing no pain at L3/4 or any other level. Based on this, no further surgery would be indicated as no disc is pathologic. MRI showed scar tissue which is seldom helped by more surgery. The injured individual has failed injections but has not had facet injections and he has evidence of facet arthrosis. Based on all of the above, further surgery is not warranted as all the evidence is either conflicting or insufficient.

REFERENCE:

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

RATIONALE:

The injured individual is a 60 year old male with date of injury _____. The surgery is not recommended at this time as the injured individual has had multiple discograms with very different results, has had prior surgery without relief, and has evidence of postoperative fibrosis

which could be causing his pain. This is typically not well corrected by more surgery. The MRI of 8/2005 indicated no change from prior study. CT of 9/2004 showed bulges and facet hypertrophy L1-L5. Clinically, the injured individual has negative straight leg raise (SLR), can heel and toe walk, and has a normal motor/sensory exam. The injured individual complained of weakness in the legs. Epidural steroid injections (ESIs) have not helped; facet injections have not been tried. His work up is conflicting. One discogram showed pain at L3/4 with a herniated nucleus propulsus (HNP); the other done 6 months later showed no pain and a fissure at this same level. His physical exam (PE) is noncontributory. His MRI and CT show conflicting findings. Based on all this and a history of prior surgery without relief, further surgery is not recommended.

RECORDS REVIEWED:

- DWC Notification of IRO Assignment dated 09/28/05
- MR-117 dated 09/28/05
- DWC-60
- DWC-69 Report of Medical Evaluations dated 07/15/05, 04/27/05
- MCMC: IRO Medical Dispute Resolution Prospective dated 10/21/05
- MCMC IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 09/29/05
- Texas Mutual Insurance Company: Letter dated 10/13/05 from LaTreace Giles, R.N., Sr. Medical Dispute Analyst
- Texas Mutual Insurance Company: Letter dated 08/17/05 from Annette Rangel, L.V.N. Preauthorization Nurse
- Dallas Spine Care: Chart Note dated 08/11/05 from Robert Henderson, M.D.
- Northshore Orthopedics: Office Progress Note dated 08/11/05 from William Donovan, M.D.
- Morris E. Berk, M.D.: MRI lumbar spine dated 08/10/05
- Texas Mutual Insurance Company: Letter dated 08/09/05 from Denise Carver, L.V.N. Preauthorization Nurse
- Request for Preauthorization for Surgery dated 08/01/05
- Northshore Orthopedics: Letter of Medical Necessity for Lumbar Spine Surgery dated 07/26/05 from William Donovan, M.D.
- Dallas Spine Care: Initial Chart Note dated 07/25/05 from Robert Henderson, M.D.
- Northshore Orthopedics: Orthopedic Consult dated 07/20/05 from William Donovan, M.D.
- Sanjay Khanduja, M.D.: Designated Doctor Evaluations dated 07/15/05, 04/27/05
- River Oaks Imaging and Diagnostic: Lumbar discography L3-4, L4-5 and L5-S1 dated 09/24/04
- River Oaks Imaging and Diagnostic: Lumbar myelogram dated 09/23/04
- William R. Francis, Jr., M.D.: Letter dated 09/02/04
- River Oaks Imaging and Diagnostic: L3-4 to L5-S1 discogram dated 03/15/04
- Orthopaedic Associates: Report dated 08/14/03 from Rex Marco, M.D.
- River Oaks Imaging and Diagnostic: MRI of the lumbar spine dated 08/07/03

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 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 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: _____