

MCMC

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

Date:	12/14/2005
Injured Employee:	
Address:	
MDR #:	M2-06-0236-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization request, outpatient seated flexion-extension lumbar MRI.

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 12/14/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The outpatient seated flexion-extension lumbar MRI is not medically necessary at this time.

CLINICAL HISTORY:

This 40-year-old male was allegedly injured on ___ while unloading a truck. He complained of low back pain radiating to the lateral aspect of his left foot. The MRI study apparently revealed a disc herniation at L5/S1 displacing the left S1 nerve root. He underwent a 2-level percutaneous discectomy in July 1991. He was no better and on 08/23/2001 he underwent a discectomy performed by Dr. Marks.

Because of persistent pain Dr. Mark recommended 360 fusion from L4 to S1. Another surgeon recommended a one-level fusion. He underwent the surgery in February 1992 and postoperatively he developed a deep vein thrombosis (DVT). On 06/30/2002 the x-rays apparently revealed a "good fusion". He was apparently better with minimal pain.

The injured individual complained of coccygeal pain on 08/13/1992 as well as intermittent low back pain (LBP) and left hip pain. X-rays apparently revealed an excellent fusion. He continued to complain of coccygeal pain through January 1994.

REFERENCE:

The Spine: Orthopedic Knowledge Update, Published by AAOS, 2002.

RATIONALE:

The injured individual was at work with restrictions in 1994, 1995 and 1996. On 05/29/1997 he complained of pain in his back and left leg similar to the pain he had in 1992. The MRI of 07/08/1997 revealed only a disc bulge at L3/4. Dr. Marks recommended observation, nerve root block and possible fusion. X-rays revealed a solid fusion.

Another MRI on 04/11/2001 revealed a 2mm bulge at L2/3 and L3/4 and possible pseudarthrosis at L4/5. A discography done on 06/08//2001 was normal at L1/2 and L3/4 produced severe 10/10 concordant pain at L2/3. There was nonconcordant back and right leg pain at L3/4. He continued to complain of pain and placed on Vioxx. Another MRI on 02/05/2002 revealed disc bulges at L2/3 and L3/4. He then felt better and was on limited activity.

On 04/08/2004 he complained of pain in his back and left lower extremity. The MRI of 05/21/2004 revealed no evidence of canal stenosis. There was a 3mm disc bulge to the right at L3/4 with a solid fusion at L5/S1, disc bulge at L2/3, facet arthritis from L3 to L5 and disc desiccation L2 to L5.

Dr. Marks evaluated him on 08/02/2005 for complaints of episodes of severe pain that prevented him from working. He had no evidence of any muscle spasm and had an essentially normal physical examination. X-rays revealed a solid fusion from L4 to S1. There was about 10% wedging of the L3 vertebra. Because of his complaints a flexion/extension MRI study was recommended. The clinical data fails to document increased pain related to flexion/extension movements of the spine. Therefore, the dynamic MRI is not medically necessary. Furthermore, the repeated MRI studies done from 1997 through 2004 failed to reveal any pathological process that would warrant invasive treatment.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 10/20/05, 10/19/05
- MR-117 dated 10/20/05, 10/19/05
- DWC-60
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 10/19/05
- MCMC: IRO Medical Dispute Resolution Prospective dated 11/29/05
- Forte: Notice of Utilization Review Findings dated 08/18/05, 08/11/05
- Hoffman Kelley, L.L.P.: Letter dated 10/14/05 from Dan Kelley
- MES Solutions: Peer Review Division dated 02/10/05 from William Mitchell, M.D.
- Richard Marks, M.D.: Office Visit note dated 08/02/05
- Dispute Resolution Information System Case Activity Log dated 10/19/05

The reviewing provider is a **Licensed/Boarded Orthopedic Surgeon** and certifies that no known conflict of interest exists between the reviewing **Orthopedic Surgeon** 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

14th day of December 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____