

MCMC

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

Date:	01/05/2006
Injured Employee:	
Address:	
MDR #:	M2-06-0342-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for anterior cervical decompression and fusion (ACDF).

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 01/05/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

ACDF would not be medically indicated given the medical records provided.

CLINICAL HISTORY:

The injured individual had a neck injury after a fall in _____. He was initially diagnosed with multiple contusions to the upper and lower extremities, neck and back. In 08/2004, he was diagnosed with shoulder tendonitis. On 08/24/2004, right shoulder MRI demonstrated partial thickness tear of the rotator cuff with degenerative changes. Cervical MRI demonstrated disc protrusions at C4-5, C5-6, and C6-7. Injured individual underwent multiple cervical epidural steroid injections (ESIs). In 11/2004, worker's compensation paperwork indicated that the injured individual's diagnosis was rotator cuff tear. In 07/2005, the injured individual underwent cervical block. The injured individual also underwent extensive therapy. On 10/21/2005, the injured individual was placed at maximum medical improvement (MMI) with a 16% impairment rating.

REFERENCE:

OKU Spine 2002

RATIONALE:

Determination should be made at which level the injured individual's symptoms are emanating since he has multilevel cervical disc disease without a significant disc herniation or significant canal or foraminal stenosis. Determination should be made whether the injured individual's complaint of shoulder pain is emanating from the neck or the shoulder.

The injured individual has had cervical injections with pain relief. The injured individual had shoulder pain but has not had the shoulder ruled out as the possible source of the pain rather than the neck. Neurological exam was intact except for diminished thumb sensation. The radiographic findings are consistent with multi-level disc disease. The medical records do not clearly support which level the ACDF should be performed. Authorization for a chronic pain management program has been requested at the same time as the surgery.

RECORDS REVIEWED:

Notification of IRO Assignment dated 12/09/05
MR-117 dated 12/07/05
DWC-60
DWC-62: Explanation of Benefit dated 11/04/04
DWC-69: Report of Medical Evaluation
DWC-73: Work Status Reports dated 09/20/04 through 12/08/05
MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 12/12/05
Flahive, Ogden & Latson: Letter dated 12/20/05 from Rebecca Strandwitz
Facesheet for claimant dated 12/07/05
Clark Orthopedics & Rehabilitation: Letters dated 11/23/05, 11/01/04 from Bliss Clark, M.D.
Flahive, Ogden & Latson: Letter dated 11/17/05 from Charles Finch
BTE Technologies: Functional Abilities Evaluation dated 11/02/05 from Annalise Hollingsworth, LPT
Churchill Evaluation Centers: Report of Medical Evaluation dated 10/21/05 from Jose De Jesus, M.D. with attached Review of Medical History, Physical Examination, Impairment Rating Calculation and Detail, Testing and Measurements
James Jackson, PA-C: Encounter Notes dated 10/19/05, 07/28/05, 06/30/05, 04/21/05
Pre-Authorization Request (handwritten) dated 09/30/05
Zurich Services Corporation: Non-authorization After Reconsideration Notice dated 09/28/05
Zurich Services Corporation: Non Authorization Notice dated 09/21/05
Harlingen Spine & Neurological Surgery Institute: Continuation Progress Sheet (handwritten) dated 09/15/05
Aldon B. Williams, M.D.: Office notes dated 08/24/05, 07/28/05, 07/11/05
Aldon B. Williams, M.D.: Cervical Epidural Block notes dated 08/09/05, 07/19/05, 07/01/05
Annalise Hollingsworth, LPT: Encounter Notes dated 08/02/05 through 09/08/05
Clark Orthopedics: Physical Therapy referral slip dated 07/28/05 from Bliss Clark, M.D.
Headache & Pain Center: Anesthesia Records dated 07/19/05, 07/01/05, 03/09/05
William Aldon, M.D.: Handwritten form notes dated 07/15/05, 05/09/05
BTE Technologies: FCE from Vicente Rodea, L.P.T. dated 07/08/05

Clark Orthopedic & Rehabilitation: Physical Therapy Re-Evaluation/Re-Examination dated 07/06/05 from Annalise Hollingsworth, LPT
Clark Orthopedic & Rehabilitation: Physical Therapy Progress/Treatment Notes dated 07/05/05, 06/27/05, 06/24/05, 06/13/05 from Annalise Hollingsworth, LPT
The Headache & Pain Management Center: Pre-Op/Post-op Anesthesia Record signed 07/01/05
Aldon B. Williams, M.D.: Initial Consultation dated 06/13/05
Harlingen Spine & Neurological Surgical Institute: History & Physical (handwritten) dated 05/25/05
Harlingen Spine & Neurological Surgical Institute: Form letter dated 05/25/05 from Alejandro Betancourt, M.D.
Harlingen Spine & Neurological Surgical Institute: Referral Form dated 05/25/05
DWC: Letter dated 03/01/05 from Veronica Echavarria, Dispute Resolution Officer
McAllen MRI Center: Imaging report dated 02/11/05
Clark Orthopedic & Rehabilitation: Physical Therapy Discharge Summary dated 11/01/04 from Vincente Rodea, Jr., LPT
Clark Orthopedic & Rehabilitation: Physical Therapy Progress/Treatment Note dated 09/13/04 from Steve Mincker, LPT
Clark Orthopedics & Rehabilitation: Physical Therapy Initial Evaluation/Examination dated 09/08/04 from Vicente Rodea, Jr., LPT
Clark Orthopedic & Rehabilitation: Physical Therapy Progress/Treatment Notes dated 09/08/04 through 06/20/05 from Vincente Rodea, Jr., LPT
Bliss Clark, M.D.: Encounter Notes dated 09/02/04 through 12/08/05
Clark Orthopedics & Rehabilitation: Authorization for Release of Medical Information signed 09/02/04
AHC: Letter dated 08/31/04 from Christina Vandelinde, Worker's Compensation Department
Valley Diagnostic Clinic: Progress Notes dated 08/27/04, 08/24/04, 08/13/04, 08/03/04, 07/29/04 from Steven Machner, PA-C and Luis Reynoso, M.D.
Valley Diagnostic Clinic: MRI right shoulder dated 08/25/04
Health Success: Functional Capacity Test dated 08/23/04 from Floyd Courtney, L.P.T.
McAllen Medical Center: List of accounts that have medical record requests outstanding dated 08/08/04
Health Success: Initial Exam dated 08/04/04 from Edith Cruz, L.P.T.
Health Success Rehab Center: PT Daily Notes dated 08/04/04 through 08/25/04
McAllen Medical Center: Statement dated 08/04/04
Valley Diagnostic Clinic: Right shoulder radiographs dated 08/03/04
Zurich Insurance: Statement signed 07/30/04
Valley Diagnostic Clinic: Right rib, right elbow, right hip radiographs dated 07/29/04
McAllen Medical Center: Right rib and chest radiographs dated 07/26/04
South Texas Health System: Patient information sheet for 07/26/04 admission
McAllen Medical Center: Emergency Physician Record dated 07/26/04
McAllen Medical Center: Trauma Flow Sheet dated 07/26/04
McAllen Medical Center: Acknowledgement for receipt of Hospital's Notice of Privacy signed 07/26/04
Patient Authorization to Treat signed 07/26/04
Condition of Admission to McAllen Medical Center signed 07/26/04

McAllen Medical Center: Patient Self Determination Record dated 07/26/04
Harlingen Bone and Joint Clinic: Letter dated 03/04/04 from Herman Keillor, M.D.
Undated Emergency Department Protocol sheet from Michael Hahn, PA-C

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 5th day of January 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____