

MCMC

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

Date:	12/22/2005 Amended 12/27/2005
Injured Employee:	
Address:	
MDR #:	M2-06-0412-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization request for cervical epidural steroid injection C4-5, under fluoroscopy.

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 12/22/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Deny the cervical epidural steroid injection C4-5, under fluoroscopy.

CLINICAL HISTORY:

The injured individual is a 42 year old female with neck pain since _____. MRI of 07/2005 showed an odontoid fracture extending into C2/3 although this was later ruled out as a herniated nucleus propulsus (HNP) at C4/5. She had one epidural steroid injection (ESI) in 09/2005 at C7/T1 with 25% relief. An orthopedic surgeon's report of 10/2005 states she has bilateral arm pain, decreased sensation in the left C5 distribution. An electromyogram (EMG) is recommended, ESIs and possible surgery are recommended. However, her pain physician on 09/28/2005 notes there are no motor or sensory deficits and no arm pain. He does state she could not tolerate physical therapy (PT) due to neck pain. She has tried narcotic and non-steroidal anti-inflammatory drugs (NSAIDS). A second ESI is requested.

REFERENCE:

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

RATIONALE:

The injured individual is a 42 year old female with neck pain since _____. MRI of 07/2005 showed an odontoid fracture extending into C2/3 although this was later ruled out as a herniated nucleus propulsus (HNP) at C4/5. She had one epidural steroid injection (ESI) in 09/2005 at C7/T1 with 25% relief noted two weeks later. There are conflicting physical findings as the pain physician finds no neurological deficit or complaints but the orthopedic surgeon finds both. There is an electromyogram (EMG) requested but not reported on. The injured individual had slight benefit from the first ESI. However, it was not entirely impressive. Also, she has weak radicular findings if any at all. Based on these two statements, repeating the cervical ESI is not strongly supported.

RECORDS REVIEWED:

- MR-117 dated 11/29/05
- MR-100 dated 11/21/05
- DWC: Notification of IRO Assignment dated 11/29/05
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 12/05/05
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 11/30/05
- Utilization: Letters dated 11/30/05 and 11/28/05 from Carolyn Guard, Quality Assurance Consultant
- Utilization: Letter dated 11/22/05 from Carolyn Guard, Quality Assurance Consultant
- Lone Star Orthopedics: Fax note dated 10/31/05
- Lone Star Orthopedics: Orthopedic Reports dated 10/31/05 and 07/25/05 from Kenneth Berliner, M.D.
- Intracorp: Report dated 10/27/05 from Thomas Muzzonigro, M.D.
- Intracorp: Reports dated 10/27/05 and 10/07/05 from Intracorp Medical Department
- Liberty Mutual: Referral for Utilization Management dated 10/20/05
- Intracorp: Report dated 10/07/05 from Scott Limpert, M.D.
- Case Event Summary dated 10/05/05
- Lone Star Orthopedics: Procedure Orders dated 10/05/05
- Universal MRI & Diagnostics: MRI cervical spine dated 10/03/05
- Lone Star Orthopedics: Office visit note dated 09/28/05 from Sady Ribeiro, M.D.
- The Palladium for Surgery Houston: Operative Report dated 09/15/05 from Sady Ribeiro, M.D.
- Lone Star Orthopedics: History and Physical dated 08/11/05 from Sady Ribeiro, M.D.
- Universal MRI & Diagnostics: MRI cervical spine dated 07/21/05
- MRI of the Woodlands: MRI left shoulder dated 06/20/05
- Lone Star Orthopedics: Orthopedic Consult dated 06/13/05 from Kenneth Berliner, M.D. and William Lowery, PA-C
- Computerized Muscle Testing and Range of Motion testing dated 06/13/05

- M-Ray X-Press: cervical spine radiographs, left shoulder radiographs dated 05/05/05
- Medclinic Progress Notes (handwritten) dated 05/05/05, 05/07/05, 05/09/05, 05/23/05
- Lone Star Orthopedics: Undated patient information sheet

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

22nd day of December 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____