

MCMC

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

Date:	01/19/2006
Injured Employee:	
Address:	
MDR #:	M2-06-0454-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization request for right L5-S1 microdisectomy with two days length of stay (LOS).

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 01/19/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The request for right L5-S1 microdisectomy with two days length of stay (LOS) is not medically necessary.

CLINICAL HISTORY:

This 45 year old male was seen for complaints of low back pain on _____. The MRI of the lumbar spine dated 08/16/2005 was compared with the prior study of 09/22/2004. There was a small right paracentral disc protrusion at L5/S1 with hypertrophy of the ligamentum flavum and posterior arch with resultant mild canal stenosis.

REFERENCE:

“The Value Of Magnetic Resonance Imaging Of The Lumbar Spine To Predict Low Back Pain In Asymptomatic Subjects” by Borenstein, D.G. et al.: J of Bone & Joint Surgery: Vol. 83-A: No. 9, 2001, p 1306 – 1311.

RATIONALE:

Dr. Telfeian (NS) evaluated the injured individual on 10/17/2005 and noted that he complained of pain in his right hip and lower extremity down to his foot. The pain is aggravated by sitting and his leg would apparently jerk. He has a history of diabetes and hypertension (HTN). The epidural steroid injection (ESI) did not alleviate his symptoms.

In a letter dated 11/03/2005, Dr. Telfeian stated that the “films that had been redone” and apparently showed an L5/S1 stenosis. The recommendations were for L5/S1 microdiscectomy with a two-day stay at acute hospital level of care.

The MRI study of 08/16/2005 showed no changes in comparison with the study of 09/22/2004. There was “mild canal stenosis” but no evidence of foraminal stenosis or nerve root compression or irritation. Furthermore the note of 10/17/05 fails to document any symptoms or objective clinical findings of a well defined radiculopathy with nerve root compression. Therefore the proposed surgery would not be warranted as there are no objective clinical data to substantiate either the need for, or the effectiveness of this procedure.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 12/22/05
- MR-117 dated 12/22/05
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 01/04/06
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 12/23/05
- Flahive, Ogden & Latson: Letter dated 01/03/06 from Gregory Solcher
- Flahive, Ogden & Latson: Letter dated 12/15/05 from Steven Tipton
- Corvel: Letter dated 12/12/05
- Corvel: Pre-Authorization Determination dated 11/18/05
- Reconsideration Request dated 11/11/05 for right L5-S1 microdiscectomy w/2 days LOS to complete by 12/30/05
- Neurosurgical Associates: Letters dated 11/03/05, 10/17/05 from Albert Telfeian, M.D.
- Corvel: Pre-Authorization request dated 11/01/05
- Initial Request dated 10/28/05 for right L5-S1 microdiscectomy with 2 days LOS to complete by 12/16/05
- UMC Health System: MRI lumbar spine dated 08/16/05
- Neurosurgical Associates: Undated Pre-Authorization Request Form
- Corvel: Undated letter from Jaki Zaydel, R.N.

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

19th day of January 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____