

# MCMC

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

|                              |                      |
|------------------------------|----------------------|
| <b>Date:</b>                 | <b>02/08/2006</b>    |
| <b>Injured Employee:</b>     |                      |
| <b>Address:</b>              |                      |
|                              |                      |
| <b>MDR #:</b>                | <b>M2-06-0495-01</b> |
| <b>DWC #:</b>                |                      |
| <b>MCMC Certification #:</b> | <b>IRO 5294</b>      |

### REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization request-posterior/anterior lumbar fusion (20936, 22558, 22612, 22614, 22842, 22851, 63047, 69990, 76000-26).

### DECISION: **Upheld**

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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 02/08/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The requested anterior/posterior lumbar arthrodesis (20936, 22558, 22612, 22614, 22842, 22851, 63047, 69990, 76000-26) is not medically necessary at this time.

### CLINICAL HISTORY:

This 32-year-old male was allegedly injured on \_\_\_\_\_. The MRI study of 02/03/04 was said to reveal discogenic and facet disease from L4 to S1 levels. The EMG/NCV studies were also reported to be normal. Flexion/extension x-rays apparently did not reveal any instability.

### REFERENCE:

The Spine Orthopedic Knowledge Update Published by AAOS 2002.

### RATIONALE:

The only clinical information available for review is two reviews dated 10/28/2005 and 10/31/2005. The only clinical finding (date of examination not documented) was slight weakness 4+/5 of the right extensor hallucis longus (EHL) muscle.

The basis for the request for the anterior/posterior L4 to S1 fusion appears to be the discogram report. The actual reports of the MRI, discogram and post-discogram study are not available for review. In addition the office notes of the treating surgeon are not provided for review.

Since the actual imaging reports are not available for review it is possible to extrapolate from the available information. Facet disease was noted at L4/5 and L5/S1 levels, therefore, it is more than likely that there may be facet disease at other levels. On the other hand the injured individual is fairly young and a two level fusion may well lead to future problems and ongoing complaints.

Based on published reports, multi-level fusions of the lumbar spine have not demonstrated successful elimination of low back pain. The injured individual should be encouraged to maintain an ideal body weight, perform a regular home exercise program (HEP) that includes walking, strengthening and conditioning exercises. Multilevel arthrodesis on the basis of discogram results have not been shown to be associated with a high rate of success in terms of relief of pain and return to work (RTW) status. Therefore, based on the submitted information the requested procedure is not warranted.

**RECORDS REVIEWED:**

- Notification of IRO Assignment dated 01/04/06
- MR-117 dated 01/04/06
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 01/25/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 01/04/06
- SRS: Adverse Determination dated 10/31/05 from Aaron Jobgen, R.N.
- The Hartford: Adverse Determination dated 10/26/05 from Jacqueline Lowry, 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**

**8<sup>th</sup> day of February 2006.**

**Signature of IRO Employee:** \_\_\_\_\_

**Printed Name of IRO Employee:** \_\_\_\_\_