

MCMC

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

Date:	01/23/2006
Injured Employee:	
Address:	
MDR #:	M2-06-0506-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for lumbar myelogram reconstruction.

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 01/23/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The repeat lumbar myelogram/CT scan with reconstruction is not medically necessary.

CLINICAL HISTORY:

This injured individual was allegedly injured on _____. The injured individual underwent an L4/5 discectomy with interbody fusion on 01/10/2003.

REFERENCE:

Strauss, B.N. Chronic pain of spinal origin. Spine 27:2614-2619, 2002.

RATIONALE:

The submitted information consists of a letter of medical necessity from Dr. Rosenstein (Neurosurgeon) dated 11/30/2005. It appears that the patient is to undergo further surgery, and the reason for the myelogram/CT scan is based on the fact that the last study was done on 09/15/2003. Dr. Rosenstein wished to have this study "to make certain that there has been no change in any of the pathology demonstrated."

The letter of medical necessity does not document any objective clinical or imaging findings that would substantiate the proposed surgery. It would be natural to assume that the surgery has been

recommended on the basis of objective clinical and diagnostic findings. Therefore it would appear that a repeat myelogram/CT scan is not likely to influence the proposed surgery. Thus, it would seem to be inconsistent to obtain a myelogram/CT scan after the decision to operate has already been made. The previous surgical procedure is likely to have left behind scar tissue which would be difficult to differentiate from possible recurrent disc herniation.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 12/29/05
- MR-117 dated 12/29/05
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 01/06/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 12/29/05
- Corvel: Pre-Authorization Determination dated 12/01/05
- Corvel: Determination letter dated 11/30/05
- Jacob Rosenstein, M.D.: Letter dated 11/30/05
- Jacob Rosenstein, M.D.: Medical Conference Note dated 11/29/05
- Jacob Rosenstein, M.D.: Follow Up note dated 11/17/05

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

23rd day of January 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____