

MCMC

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

Date:	02/24/2006
Injured Employee:	
Address:	
MDR #:	M2-06-0583-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for lumbar epidural steroid injection and facet injection.

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 02/24/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The lumbar epidural steroid injection and facet injection are not medically necessary.

CLINICAL HISTORY:

The injured individual is a 40 year old male with date of injury ____ which led to epidural steroid injections (ESIs) and then surgery in 05/2005. The injured individual failed to benefit at all from this. He continues to complain of left leg and low back pain and walk with a cane despite the surgery and physical therapy (PT). His physician recommended an ESI to be followed by surgery if it did not help. He had a new MRI and EMG after the operation but they showed no acute changes. There is no mention of facet injections therefore those do not appear necessary. The ESI is not necessary based on the lack of acute changes or findings and the history of prior surgery which is known to negate any success from an ESI.

REFERENCE:

Bonica JJ ed. The Management of Pain. Third Edition. Copyright 2000.

RATIONALE:

The injured individual is a 40 year old male who had lumbar surgery in 05/2005. He had epidural steroid injections (ESIs) prior to this with no relief. He had ongoing left leg pain immediately after surgery. The MRI in 09/2005 showed postoperative changes but nothing acute. The EMG showed chronic radiculopathy. The injured individual has had physical therapy (PT) and medications with no improvement. His surgeon recommended an ESI to be followed by a fusion if it failed. There is no mention of facet injections. The ESI is denied as they failed to benefit the injured individual previously, the MRI and EMG show chronic changes but nothing acute to treat, and their efficacy in a postoperative situation is minimal. The facet injections are denied as they are not requested and it would appear the injured individual needs further surgery.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 01/18/06
- MR-117 dated 01/18/06
- DWC-60
- DWC-79: Work Status Reports dated 09/07/04 through 12/27/05
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 01/18/06
- Downs-Stanford, P.C.: Letter dated 01/25/06 from W. John Grove
- Intracorp: Letters dated 11/15/05 and 10/07/05 from the Medical Department
- Activity Report dated 11/09/05
- Gerardo Zavala, M.D.: Preauthorization Requests dated 11/09/05 and 10/03/05
- Robert Holladay, IV, M.D.: Peer Review dated 10/14/05
- Southwest Diagnostic: MRI lumbar spine dated 09/08/05
- Gerardo Zavala, M.D.: EMG/NCV study dated 09/01/05
- Frank Piazzzi, PTA: Physical Therapy Daily Note dated 07/22/05
- TherEx Flow Sheet for the period 06/27 through 07/22
- G. Andrew Pratt, Jr., PT: Physical Therapy Daily Notes dated 06/27/05, 06/29/05, 07/01/05, 07/11/05, 07/12/05, 07/15/05
- San Antonio Therapy: Musculoskeletal Evaluation dated 06/23/05 from G. Andrew Pratt, Jr., PT
- BHS: Operative Report dated 05/09/05 from Gerardo Zavala, M.D.
- Baptist Health System: Pathology Report dated 05/09/05
- Baptist Medical Center: Lumbar spine radiographs dated 05/09/05
- Baptist Medical Center: Portable views of the chest dated 04/16/05
- Gerardo Zavala, M.D.: Reports dated 01/12/05, 01/31/05, 04/08/05, 05/10/05, 05/16/05, 06/16/05, 07/28/05, 09/21/05, 10/04/05, 10/25/05
- BHS: Operative Report dated 10/02/04
- Baptist Medical Center: Myelogram dated 10/02/04, CT lumbar spine dated 10/02/04
- David M. Hirsch, D.O.: Electrodiagnostic Study dated 05/05/04
- Southwest Open MRI: MRI lumbar spine dated 04/02/04

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 (28 Tex. 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

24th day of February 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____